



The American Orthopaedic Society for Sports Medicine

A world leader in sports medicine education, research, communication, and fellowship.

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Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210


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In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: American Orthopaedic Society for Sports Medicine
2. The mailing address of the Employer is: 6300 N. River Road
Rosemont, IL 60521
3. The Employer Identification Number is: 23-7182780
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
Two Plan(s) covering 2 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

American Orthopaedic Society for Sports Medicine
An Illinois Corporation

By: 
Authorized Person

Dated: 11/30/07
DD 2375

**American Orthopaedic Society
For Sports Medicine**

6300 N. River Road • Suite 500
Rosemont, Illinois 60018

Bonjour
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