

2520092100270

**Top Hat Plan Statement
(to be Filed with the Department of Labor)**

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Statement Required Under Department of Labor Regulations Section 2520.104-23

The Employer named below maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Employer: American Occupational Therapy Association

Address of Employer: 4720 Montgomery Lane, Bethesda, MD 20824

Employer's Employer Identification Number (EIN): 13-1526422

Number of such plans: 1

Number of employees in each plan: 1

This Statement must be filed within 120 days after the plan becomes subject to Part I of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Employer may be required to provide plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Mail the completed Statement to the Secretary of Labor at:

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Ave., N.W.
Washington, D.C. 20210

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The American Occupational Therapy Association, Inc.

4720 Montgomery Lane
PO BOX 31220
Bethesda MD 20824-1220

CERTIFIED MAIL™



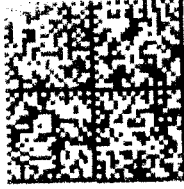
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