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EBSA/PUBLIC DISCLOS
Portland Art Museum

2009 DEC 11 AM 10:4

DECEMBER 2nd, 2009

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, N.W., Room N-1513
Washington, D.C. 20210

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
NO: 7007 0710 0003 6405 9081

Re: **Top Hat Plan Exemption Statement**

Ladies and Gentlemen:

This Statement is being filed pursuant to DOL Reg. § 2520.104-23. Please be advised that:

1. The name and address of the employer is:

Portland Art Museum
1219 SW Park Avenue
Portland, OR 97205-2430

2. The Employer Identification Number of the employer assigned by the Internal Revenue Service is 93-0391604.

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

4. The number of such plans is one (1).

5. The number of employees in such plan is one (1).

DATED this 2nd day of DECEMBER, 2009.

Very truly yours,

PORTLAND ART MUSEUM

By: *Korveitt*
Title: C.F.O.

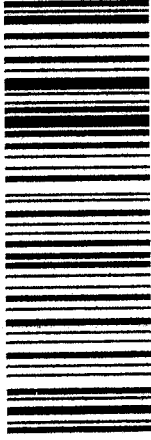
**PORT
LAND
MUSEUM**

1219 SW PARK AVENUE
PORTLAND, OREGON 97205-2430

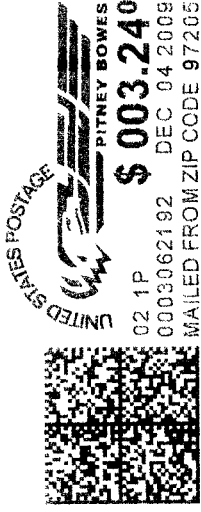
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL[®]



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