



American Association of Oral and Maxillofacial Surgeons

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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

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 Association of Oral and Maxillofacial Surgeons (AAOMS)
2. The mailing address of the Employer is: 9700 W. Bryn Mawr Avenue
Rosemont, IL 60018
3. The Employer Identification Number is: 36-2405828
4. The above named Employer maintains a Plan 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:
One Plan(s) covering 6 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

American Association of Oral and Maxillofacial Surgeons

An Illinois Corporation

By: Robert C. Rinaldi
AAOMS Executive Director and Secretary

Dated: December 6, 2012



American Association of Oral and Maxillofacial

9700 West Bryn Mawr Avenue
Rosemont, Illinois 60018-5701

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