



2520160710081

**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

333 Westchester Avenue
Suite S202
White Plains, NY 10604

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

914.406.7500
general fax 914.410.6297
member fax 914.417.4013
www.BookWeb.org

1. The name of the Employer is:
American Booksellers Association
2. The mailing address of the Employer is:
333 Westchester Ave., Suite S202, White Plains, NY 10604
3. The Employer Identification Number is:
13-5676641
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:
One Plan covering One Eligible Employee
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request

2016 FEB 16 PM 12:02

American Booksellers Association
A New York Organization

By: Robynus Lester
Authorized Person

Dated: 1/4/16



333 Westchester Avenue - Suite S202
White Plains, NY 10604

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