

October 13, 2020

2520203570021

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

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

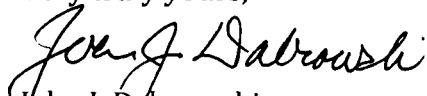
In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: Autism Society of America, Inc.
Address: 6110 Executive Blvd, Suite 305
Rockville, MO 20852
EIN#: 52-1020149

Name of Plan: Autism Society of America, Inc. 457(b) Plan
Number of Plan(s): 1
Number of Employees in Plan: 4

Very truly yours,


John J. Dabrowski
Plan Administrator

AUTISM SOCIETY

4340 East-West Highway, Suite 350
Bethesda, Maryland 20814

CAPITAL DISTRICT 208

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