

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 10/27/2023 1:39 PM EST

Confirmation Number: 12213

Amended Confirmation Number:

Employer Information

Name: University of Massachusetts Amherst Foundation, Inc.
Address: 134 Hicks Way
City: Amherst
State: MA
Zip Code: 01003

Plan Administrator Information

Name: Ms. Severine Beltramo
Address: 134 Hicks Way
City: Amherst
State: MA
Zip Code: 01003
Phone: 4135455442
Email: sbeltramo@uma-foundation.org

Plan Information

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

| | | | |
|------|------------|--------------------------------------|----------------------------|
| ID:1 | Plan Name: | UMass-Amherst Foundation 457(b) Plan | Number of Employees: 17 |
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Additional Information:

The Plan is effective as of October 1, 2023 and was adopted on October 25, 2023.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 12213. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.