

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

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Confirmation Number: 15717

Amended Confirmation Number:

Employer Information

Name: Lipscomb University
Address: One University Park Drive
City: Nashville
State: TN
Zip Code: 37204

Plan Administrator Information

Name: Christy Hooper/Lipscomb University
Address: One University Park Drive
City: Nashville
State: TN
Zip Code: 37204
Phone: 6159666190
Email: christy.hooper@lipscomb.edu

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:	Lipscomb University 457(f) Supplemental Executive Retention Plan	Number of Employees: 1
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Additional Information:



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 15717. 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.