

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

Date Completed: 3/31/2026 8:42 AM EST

Confirmation Number: 16291

Amended Confirmation Number:

Employer Information

Name: Soboba Band of Luiseño Indians DBA Soboba Casino Resort
Address: 22777 Soboba Road
City: San Jacinto
State: CA
Zip Code: 92583

Plan Administrator Information

Name: Ms. Mary Reynolds
Address: 22777 Soboba Road
City: San Jacinto
State: CA
Zip Code: 92583
Phone: 9516651000
Email: mreynolds@soboba.com

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:	Soboba Casino Operations Nonqualified Plan	Number of Employees: 30
------	------------	--	----------------------------

Additional Information:

The Plan is effective April 1, 2026 and was adopted on March 30, 2026.



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 16291. 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.