

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: 9892

Amended Confirmation Number:

Employer Information

Name: New Mexico State University Foundation, Inc.  
Address: 1305 N. Horseshoe St  
City: Las Cruces  
State: NM  
Zip Code: 88003

Plan Administrator Information

Name: Derek Dictson  
Address: 1305 N. Horseshoe St.  
City: Las Cruces  
State: NM  
Zip Code: 88003  
Phone: 5756365160  
Email: dictson@nmsufoundation.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:	Number of Employees: 4
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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 9892. 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.