

NEVADA STATE EDUCATION ASSOCIATION
457(B) TOP HAT PLAN

2017 SEPT 1 10:14

TOP-HAT PLAN EXEMPTION STATEMENT

U.S. Department of Labor
Employee Benefits Security Administration
Top-Hat Plan Exemption
200 Constitution Ave., NW, N-1513
Washington, D.C. 20210

2520172650026

Re: ERISA REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

The name of the Employer is: Nevada State Education Association

The Employer's mailing address is: 3511 East Harmon Avenue

Las Vegas, Nevada 89121

The Employer's federal identification number (EIN) is: 88-0063221

The plans of employer and the number of participants covered in each plan is:

Plan Name: Nevada State Education Association 457(b) Top Hat Plan

Plan Effective Date: September 1, 2017

Plan Adoption Date: Aug 25, 2017

Number of Participants: 4
(specify plan, effective date and number of employees covered)

The above-named employer maintains this plan primarily for the purpose of providing nonqualified deferred compensation benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Employer: Nevada State Education Association

By: Brian Lee

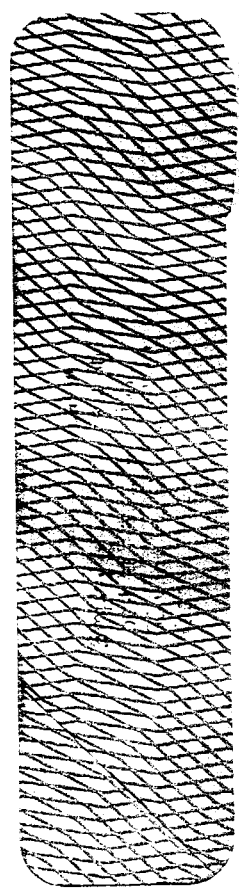
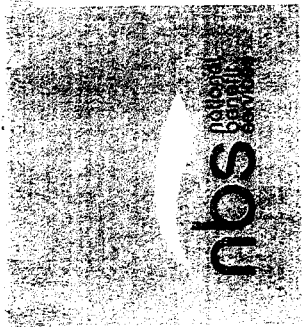
Date: Aug 25, 2017

TOP-HAT PLAN EXEMPTION STATEMENT

The attached statement must be filed within 120 days after the plan is adopted (D.O.L. Reg. Sec. 2520.104-23(b)(2)). If you fail to comply with this requirement, the plan must distribute and file a Summary Plan Description and must meet other applicable reporting and disclosure requirements. You will need to review the statement for accuracy, fill in the number of employees covered under the plan and the adoption date, sign and date the statement, and finally, mail the statement to:

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

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