

SOLUTIONS PROJECT INC. 457(B) TOP HAT PLAN

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

2520220070001

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: Solutions Project Inc.

The Employer's mailing address is: 4096 Piedmont Avenue, #728

Oakland, California 94611

The Employer's federal identification number (EIN) is: 46-3811348

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

Plan Name: Solutions Project Inc. 457(b) Top Hat Plan

Plan Effective Date: January 1, 2021

Plan Adoption Date: December 20, 2021

Number of Participants: 1

(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: Solutions Project Inc. 457(b) Top Hat Plan

By: Stacey Heras, Operations Manager 

Date: January 4, 2022

**ADOPTING RESOLUTION**

The undersigned authorized representative of Solutions Project Inc. (the Employer) hereby certifies that the following resolutions were duly adopted by the Employer on 12/29/2021, and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of 457 Plan and Trust effective January 1, 2021, presented to this meeting is hereby approved and adopted and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the Plan.

The undersigned further certifies that attached hereto as Exhibits A and B, respectively, are true copies of Solutions Project Inc. 457(b) Top Hat Plan as amended and restated and the Summary of 457 Provisions, which are hereby approved and adopted.

Date: 12/29/2021

Signed: \_\_\_\_\_

Stacey Heras

\_\_\_\_\_  
[print name/title]

**Operations Manager**

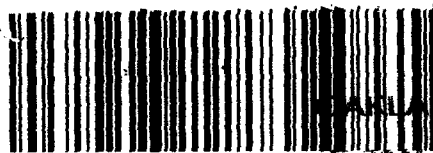
**TOP-HAT PLAN EXEMPTION STATEMENT**

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:

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4096 Piedmont Ave #728  
Oakland, CA 94611



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