

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

Date Completed: 7/19/2024 5:05 PM EST

Confirmation Number: 13482

Amended Confirmation Number:

Employer Information

Name: BestCare Treatment Services, Inc
Address: PO Box 1710 - 2127 S Hwy 97 Ste 235
City: Bend
State: OR
Zip Code: 97756

Plan Administrator Information

Name: Wendy Boone, Chief Financial officer
Address: PO Box 1710 - 2127 S Hwy 97 Ste 235
City: Bend
State: OR
Zip Code: 97756
Phone: 5415164099
Email: wendyb@bestcaretreatment.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:	Bestcare Treatment Services 457 (f) Plan	Number of Employees: 1
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Additional Information:

This is for Rick Treleaven, CEO.



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 13482. 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.