

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

Date Completed: 2/5/2026 10:59 AM EST

Confirmation Number: 16033

Amended Confirmation Number:

Employer Information

Name: Purchaser Business Group on Health  
Address: 2041 East St. Suite 1128  
City: Concord  
State: CA  
Zip Code: 94520

Plan Administrator Information

Name: Geanette Treadway (Human Resources)  
Address: 2041 East St. Suite 1128  
City: Concord  
State: CA  
Zip Code: 94520  
Phone: 4152818660  
Email: gtreadway@pbgh.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:	Purchaser Business Group on Health 457(b) Plan	Number of Employees: 1
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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 16033. 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.