

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>WINGSPAN CARE GROUP DEFINED BENEFIT RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WINGSPAN CARE GROUP</u></p> <p><u>22001 FAIRMOUNT BLVD</u> <u>SHAKER HEIGHTS, OH 44118</u></p>	<p>1c Effective date of plan <u>10/01/2009</u></p> <p>2b Employer Identification Number (EIN) <u>56-2327939</u></p> <p>2c Plan Sponsor's telephone number <u>216-932-2800</u></p> <p>2d Business code (see instructions) <u>624100</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/27/2025	JEFFREY LOX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	670
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	298
	6a(2)	276
	6b	74
	6c	309
	6d	659
	6e	11
	6f	670
	6g(1)	
6g(2)		
6h		15
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>WINGSPAN CARE GROUP DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WINGSPAN CARE GROUP</u>	D Employer Identification Number (EIN) <u>56-2327939</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>25488835</u>
	b Actuarial value	2b	<u>25488835</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>81</u>	<u>4408424</u>
	b For terminated vested participants	<u>291</u>	<u>4912695</u>
	c For active participants	<u>298</u>	<u>12206778</u>
	d Total	<u>670</u>	<u>21527897</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.47 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1448782</u>
	b Expected plan-related expenses	6b	<u>20000</u>
	c Target normal cost	6c	<u>1468782</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>03/25/2025</u>
	<u>NICHOLAS FRIES</u>	Date
	Type or print name of actuary	<u>23-07926</u>
	<u>MERCER</u>	Most recent enrollment number
	Firm name	<u>216-830-8031</u>
	<u>200 PUBLIC SQUARE</u> <u>SUITE 3760</u> <u>CLEVELAND, OH 44114</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1881400
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1881400
10	Interest on line 9 using prior year's actual return of <u>9.32</u> %	0	175346
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1169879
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.65</u> %		66098
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1235977
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	229000
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1827746

Part III Funding Percentages			
14	Funding target attainment percentage	14	106.62 %
15	Adjusted funding target attainment percentage	15	114.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.69 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/01/2024	0	164390					
03/22/2024	95000	0					
06/07/2024	215000	0					
Totals ▶			18(b)	310000	18(c)	164390	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	295970

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1468782	
b Excess assets, if applicable, but not greater than line 31a	31b	1468782	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	295970	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	295970	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan WINGSPAN CARE GROUP DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 WINGSPAN CARE GROUP	D Employer Identification Number (EIN) 56-2327939	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GRP FINANCIAL

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	113214	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 50	TRUSTEE	22855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: GAIL R. STEWARD	b EIN: 06-1053228
c Position: ACTUARY	
d Address: 1001 LAKESIDE AVENUE SUITE 1200 CLEVELAND, OH 44114	e Telephone: 216-343-0226

Explanation: REASSIGNMENT OF ACTUARIAL FIRM

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan WINGSPAN CARE GROUP DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 WINGSPAN CARE GROUP	D Employer Identification Number (EIN) 56-2327939

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	35828
		35061
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	148599
(2) U.S. Government securities	1c(2)	2535016
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	928824
(B) All other	1c(3)(B)	1295896
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	3847251
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13782518
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	2914903
		3830496

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25488835	28605989
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25488835	28605989

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	310000	
(B) Participants	2a(1)(B)	164390	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		474390
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2429	
(B) U.S. Government securities	2b(1)(B)	89990	
(C) Corporate debt instruments	2b(1)(C)	74658	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		167077
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	117547	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	610937	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		728484
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11631	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	416212	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1882079
c Other income	2c		764
d Total income. Add all income amounts in column (b) and enter total	2d		3657375

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	402855	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		402855
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	113214	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	22855	
(11) Other expenses	2i(11)	1297	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		137366
j Total expenses. Add all expense amounts in column (b) and enter total	2j		540221

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3117154
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RSM US LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533789.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan WINGSPAN CARE GROUP DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 WINGSPAN CARE GROUP	D Employer Identification Number (EIN) 56-2327939	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 75-3182674

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
--	----------	----------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Wingspan Care Group Defined Benefit Retirement Plan

Financial Report
June 30, 2024

Contents

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Independent Auditor's Report

Retirement Committee
Wingspan Care Group
Defined Benefit Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Wingspan Care Group Defined Benefit Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, line 4i—schedule of assets (held at end of year) and Schedule H, line 4j—schedule of reportable transactions, as of or for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RSM US LLP

Cleveland, Ohio
June 25, 2025

**Wingspan Care Group
Defined Benefit Retirement Plan**

**Statements of Net Assets Available for Benefits
June 30, 2024 and 2023**

	2024	2023
Assets		
Investments, at fair value:		
Interest-bearing cash	\$ 103,683	\$ 148,599
U.S. government securities	2,010,037	2,535,016
Corporate debt instruments—preferred	763,080	928,824
Corporate debt Instruments—all other	1,476,035	1,295,896
Common stocks	4,394,115	3,847,251
Registered investment companies	15,993,482	13,782,518
Exchange traded fund	3,830,496	2,914,903
	<u>28,570,928</u>	<u>25,453,007</u>
Accrued interest and dividends receivable	<u>35,061</u>	<u>35,828</u>
Net assets available for benefits	<u>\$ 28,605,989</u>	<u>\$ 25,488,835</u>

See notes to financial statements.

Wingspan Care Group
Defined Benefit Retirement Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended June 30, 2024

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 2,286,660
Interest and dividends	895,561
Total investment income	<u>3,182,221</u>

Contributions:

Employer	310,000
Participant	164,390
Total contributions	<u>474,390</u>

Other income	<u>764</u>
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Total additions	<u>3,657,375</u>
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Deductions:

Benefits paid directly to participants and beneficiaries	402,855
Administrative expenses	137,366
Total deductions	<u>540,221</u>

Net increase in net assets available for benefits	3,117,154
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Net assets available for benefits:

Beginning	<u>25,488,835</u>
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Ending	<u>\$ 28,605,989</u>
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See notes to financial statements.

**Wingspan Care Group
Defined Benefit Retirement Plan**

Notes to Financial Statements

Note 1. Description of the Plan

The following brief description of the Wingspan Care Group Defined Benefit Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information. Wingspan Care Group (the Sponsor) adopted the Plan effective October 1, 2009.

General: The Plan is a defined benefit pension plan covering substantially all employees of Wingspan Care Group and Bellefaire Jewish Children's Bureau and Monarch Lifeworks, member agencies. Employees are eligible for the Plan after one year of service and attainment of age 20½. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions: The Plan requires after-tax contributions to be made by the participants in the Plan and is equal to a certain percentage of the participant's eligible compensation. The applicable percentage is either 1% or 2% and is dependent upon certain criteria as defined in the Plan agreement.

Employee contributions accumulate interest of 120% of the Federal mid-term rate in effect under Code Section 1274(b) for the first month of a Plan Year compounded annually through the date in which the participant is entitled for benefit payments. The credited interest rate was 4.62% for the plan year ended June 30, 2024. As of June 30, 2024 and 2023, the balances attributable to employee contributions were \$2,550,830 and \$2,345,124, respectively.

Pension benefits: Pension benefits are determined by applying factors specified in the Plan agreement to a participant's defined average monthly compensation. Participants are eligible to receive normal pension benefits upon reaching age 65 and completing five years of service. A participant may elect an early retirement date at a reduced pension benefit upon reaching age 55 and completing five years of service. A participant may elect an early retirement date without a reduced pension benefit upon reaching age 62 and completing 30 years of service. The normal forms of pension benefit payments are single and joint life annuity contracts dependent upon the marital status of the participant. Optional forms of pension benefits are available at the election of the participant. Death benefits are paid to the beneficiaries of active and retired employees in accordance with the Plan agreement. Participants are immediately 100% vested in their own contributions and 100% vested in their accumulated plan benefits attributable to the employer's contributions after five years of service.

Vesting: Participants are vested immediately in their contributions plus actual earnings thereon. Participants are vested in the Sponsor's contributions plus actual earnings thereon based on years of continuous service. A participant becomes 100% vested after five years of service.

Correction of previously issued financial statements: The 2023 financial statements incorrectly classified an investment in an exchange traded fund as a registered investment company. In order to correct this error, the investment in an exchange traded fund was reported in a separate line item on the statements of net assets available for benefits, and in the table in Notes 5 and 6, to conform to the current year presentation. The correction had no impact on change in net assets available for benefits for the year ended June 30, 2024 and 2023.

**Wingspan Care Group
Defined Benefit Retirement Plan**

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make certain estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment valuation: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the custodian. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on: (a) participant contributions to the Plan, (b) participant average monthly compensation and (c) years of service, less 50% of the participant's social security benefits and other applicable reductions as defined in the Plan agreement. Average monthly compensation is calculated using the compensation during the three highest consecutive plan years within the last 10 years of participation in the Plan. The accumulated plan benefits for active employees are based on their average monthly compensation during the three highest consecutive plan years within the 10 years ending on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Contributions: Participant contributions are recorded in the year participant compensation is earned. Employer contributions are recognized on the accrual basis.

Payment of benefits: Benefit payments to participants and their beneficiaries are recorded when paid.

Administrative expenses: Administrative expenses necessary to operate and administer the Plan are paid by the Plan; however, the Plan Sponsor, at their discretion, may elect to pay some or all of the expenses directly.

Subsequent events: The Sponsor has evaluated subsequent events for potential recognition and/or disclosure through June 25, 2025, the date the financial statements were available to be issued.

**Wingspan Care Group
Defined Benefit Retirement Plan**

Notes to Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent consulting actuary and is determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value presented at June 30, 2024 and 2023, used July 1, 2024 and 2023 data, respectively, which was not materially different. The significant actuarial assumptions used in the valuation as of June 30, 2024 and 2023, were as follows:

- (a) Assumed rate of return on investments of 6% for the years ended June 30, 2024 and 2023
- (b) Retirement at varying rates beginning at age 55 with all participants retired at age 70
- (c) Assumed mortality based on Pri-2012 and modified Scale MP-2021 mortality table for the years ended June 30, 2024 and 2023

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is as follows as of June 30:

	2024	2023
Vested benefits:		
Participants currently receiving benefits	\$ 4,188,644	\$ 4,084,387
Other participants	18,132,974	15,894,763
	22,321,618	19,979,150
Nonvested accrued benefits	604,800	602,179
Total actuarial present value of accumulated plan benefits	\$ 22,926,418	\$ 20,581,329

The change in the actuarial present value during the year ended June 30, 2024, was due to the following:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 20,581,329
Benefits accumulated	1,524,319
Interest	1,221,831
Benefits paid	(401,486)
Change in actuarial assumptions	425
Actuarial present value of accumulated plan benefits, end of year	\$ 22,926,418

**Wingspan Care Group
Defined Benefit Retirement Plan**

Notes to Financial Statements

Note 4. Funding Policy

The Plan's funding policy is for the Sponsor to contribute an amount which will meet or exceed the annual ERISA minimum funding requirements. During 2024, the Sponsor contributed \$310,000, which exceeded the minimum funding requirements of ERISA.

Note 5. Investments and Information Certified Matrix Trust Company

The following is a summary of the Plan's asset information as of June 30, 2024 and 2023, and for the year ended June 30, 2024, included throughout the Plan's financial statements and supplemental schedules, obtained by management and agreed to or derived from information certified as complete and accurate by Matrix Trust Company, a qualified institution:

	2024	2023
Investments, at fair value:		
Interest-bearing cash	\$ 103,683	\$ 148,599
U.S. government securities	2,010,037	2,535,016
Corporate debt instruments—preferred	763,080	928,824
Corporate debt instruments—all other	1,476,035	1,295,896
Common stocks	4,394,115	3,847,251
Registered investment companies	15,993,482	13,782,518
Exchange traded fund	3,830,496	2,914,903
	<u>\$ 28,570,928</u>	<u>\$ 25,453,007</u>
Accrued interest and dividends receivable	<u>\$ 35,061</u>	<u>\$ 35,828</u>

Matrix Trust Company also certified to the completeness and accuracy of \$2,286,660 of the net appreciation in the fair value of investments and \$895,561 of interest and dividend income for the year ended June 30, 2024.

**Wingspan Care Group
Defined Benefit Retirement Plan**

Notes to Financial Statements

Note 6. Fair Value Measurements

ASC 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Interest bearing cash: Valued at the closing price reported in the active market on which the fund is traded, generally at \$1 per share.

U.S. government securities: Valued based on observable market data, including the closing price reported in the active market in which the security is traded.

Corporate debt instruments: Valued based on observable market data, including at the closing price reported in the market in which the individual securities are traded.

Common stocks and exchange traded fund: Valued at the closing price reported in the active market on which the individual securities are traded.

Registered investment companies: Shares of registered investment companies are valued at quoted market prices which represent the net asset value (NAV) of shares held by the Plan at year-end.

**Wingspan Care Group
Defined Benefit Retirement Plan**

Notes to Financial Statements

Note 6. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of June 30:

	2024			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 103,683	\$ -	\$ -	\$ 103,683
U.S. government securities	-	2,010,037	-	2,010,037
Corporate debt instruments—preferred	-	763,080	-	763,080
Corporate debt Instruments—all other	-	1,476,035	-	1,476,035
Common stocks	4,394,115	-	-	4,394,115
Registered investment companies	15,993,482	-	-	15,993,482
Exchange traded fund	3,830,496	-	-	3,830,496
	<u>\$ 24,321,776</u>	<u>\$ 4,249,152</u>	<u>\$ -</u>	<u>\$ 28,570,928</u>

	2023			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 148,599	\$ -	\$ -	\$ 148,599
U.S. government securities	-	2,535,016	-	2,535,016
Corporate debt instruments—preferred	-	928,824	-	928,824
Corporate debt Instruments—all other	-	1,295,896	-	1,295,896
Common stocks	3,847,251	-	-	3,847,251
Registered investment companies	13,782,518	-	-	13,782,518
Exchange traded fund	2,914,903	-	-	2,914,903
	<u>\$ 20,693,271</u>	<u>\$ 4,759,736</u>	<u>\$ -</u>	<u>\$ 25,453,007</u>

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended June 30, 2024, there were no transfers in or out of Level 3.

Note 7. Related-Party Transactions

Matrix Trust Company is the plan custodian. Fees paid by the Plan for custodial services provided by Matrix Trust Company amounted to \$22,855 for the year ended June 30, 2024. GRP Financial is the investment manager. Fees paid by the Plan for investment management services provided by GRP Financial amounted to \$113,214 for the year ended June 30, 2024.

**Wingspan Care Group
Defined Benefit Retirement Plan**

Notes to Financial Statements

Note 8. Plan Termination

Under the terms of the Plan, the Sponsor has the right to terminate the Plan. While the Sponsor has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. In the event of Plan termination, participants will become 100% vested in their pension benefits accrued as of the date of termination.

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Sponsor and the level of benefits guaranteed by the PBGC.

Note 9. Tax Status

The Internal Revenue Service has determined and informed the Sponsor, by a letter dated September 30, 2016, that the Plan and related trust were designed in accordance with the applicable sections of the Internal Revenue Code (the Code). The Plan's management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Wingspan Care Group
Defined Benefit Retirement Plan**

Notes to Financial Statements

Note 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the participants' account balances and amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

Note 11. Subsequent Event

The Plan was amended on October 16, 2024 to make updates to the age requirements for required minimum distributions.

Supplemental Schedules

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service as of July 1, 2023										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29	1	18	9								28
30–34	1	10	28	4							43
35–39		9	12	19	5						45
40–44		4	8	7	20	1					40
45–49		5	10	4	12	8					39
50–54		8	5	3	3	3	2				24
55–59		3	7	7	4	2	3	1			27
60–64		6	6	1	9	4	3	2	1		32
65–69			1	4	4	1	1	1		1	13
70 & up		1	1	3		1		1			7
Total	2	64	87	52	57	20	9	5	1	1	298

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for July 1, 2023 funding valuation**

▪ Segment rates or full yield curve	Segment	
▪ Look-back months	0	
▪ PBGC premium method	Standard, elected in 2022	
	<u>Stabilized</u>	<u>Nonstabilized</u>
▪ First 5 years	4.75%	3.22%
▪ Next 15 years	5.00%	4.22%
▪ Over 20 years	5.74%	4.34%
Mortality sponsor elections		
▪ Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables backed off to 2006 and then projected with mortality improvement using scale MP-2021 in accordance with the IRS regulation 1.430(h)(3)-1.	
Other economic assumptions		
▪ Administrative expenses	\$20,000 added to current year normal cost	
▪ Salary Scale	<u>Age</u>	<u>Scale</u>
	Under 41	3%
	Age 41 - 55	4%
	Over 55	1%
▪ Interest on employee contributions	120% of the federal mid-term rate as of July 1, 2023 is 4.62%	

Rationale for Significant Economic Assumptions

- **Discount rate for funding purposes** – The segment rates for funding purposes were chosen by the plan sponsor from prescribed options by the IRS.
- **Healthy mortality for funding purposes** – The mortality tables for funding purposes were chosen by the plan sponsor from prescribed options by the IRS.
- **Expenses** – Administrative expenses are assumed to be equal to the prior year expenses paid from the trust, adjusted for known one-time items.
- **Salary scale** – Based on an experience study conducted in 2018 by the prior actuary. We will evaluate this assumption by reviewing annual gains and losses produced by this assumption as more experience is collected.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Demographic assumptions**

- **Withdrawal** 2003 SOA Pension Plan Turnover Select & Ultimate Table weighted 135% for participants with less than 2 years of service, 185% for participants with 2-4 years of service, 175% for participants with 5-9 years of service, and 195% for participants with 10 or more years of service.

Years of Service

Age	0-1	2-4	5-9	10+
30	25.12%	25.12%	14.68%	9.44%
35	22.65%	20.39%	12.51%	9.79%
40	21.48%	19.15%	10.52%	8.09%
45	20.90%	17.52%	10.19%	7.27%
50	21.06%	16.47%	9.31%	6.81%
55	18.25%	14.47%	4.53%	1.72%

- **Retirement age**

Attained age	Percentage (Bellefaire & Monarch)	Percentage (Wingspan)
<=54	0%	0%
55 - 61	4%	1%
62 - 63	20%	10%
64 - 65	50%	10%
66 - 69	50%	50%
70 & above	100%	100%

- **Disability incidence** None assumed

- **Benefit commencement age for**

– Future vested deferred	65
– Current vested deferred	65

- **Spouse assumptions**

	Male participants	Female participants
– Percentage married	85%	50%
– Spouse age difference	3 years younger	3 years older

Form of payment**Normal Form**

• Active retirements	100%
• Future vested deferred	100%
• Future deaths (to spouse)	100%
• Current vested deferred	100%

- **Unpredictable contingent event assumptions** Not applicable

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Rationale for Significant Demographic Assumptions

- **Withdrawal** – Based on an experience study conducted in 2018 by the prior actuary.
- **Retirement age** – Based on an experience study conducted in 2018 by the prior actuary.

Actuarial methods

Asset methods

The asset valuation method is the market value of assets.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**Wingspan Care Group
Defined Benefit Retirement Plan**

**Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended June 30, 2024**

Employer Identification Number: 56-2327939

Plan Number: 002

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Single transactions in excess of 5% of beginning plan net assets:						
JP Morgan	JP Morgan U.S. Government MMkt Investor					
	Purchase	\$ 1,901,095	\$ -	\$ 1,901,095	\$ 1,901,095	\$ -
	Sale	-	1,529,255	1,529,255	1,529,255	-
Lord Abbett	Lord Abbett Bond-Debenture F					
	Sale	-	1,893,484	2,117,409	1,893,484	(223,925)
PIMCO	PIMCO Income I2					
	Purchase	2,035,000	-	2,035,000	2,035,000	-

**Wingspan Care Group
Defined Benefit Retirement Plan**

**Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended June 30, 2024**

Employer Identification Number: 56-2327939

Plan Number: 002

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Series of transactions in excess of 5% of beginning plan net assets:						
JPMorgan	JPMorgan U.S. Government MMkt Investor					
	Purchases	\$ 5,161,020	\$ -	\$ 5,161,020	\$ 5,161,020	\$ -
	Sales	-	6,129,188	6,129,188	6,129,188	-
Lord Abbett	Lord Abbett Bond-Debenture F					
	Purchases	94,726	-	94,726	94,726	-
	Sales	-	2,040,644	2,288,022	2,040,644	(247,378)
PIMCO	PIMCO Income I2					
	Purchases	2,657,697	-	2,657,697	2,657,697	-
	Sales	-	249,684	277,469	249,684	(27,785)

The above information has been certified as complete and accurate by Matrix Trust Company, the custodian of the Plan.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan WINGSPAN CARE GROUP DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WINGSPAN CARE GROUP	D Employer Identification Number (EIN) 56-2327939	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2023

2 Assets:

a Market value	2a	25,488,835
b Actuarial value	2b	25,488,835

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	81	4,408,424	4,408,424
b For terminated vested participants	291	4,912,695	4,912,695
c For active participants	298	12,206,778	12,870,578
d Total	670	21,527,897	22,191,697

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate..... **5** 5.47%

6 Target normal cost

a Present value of current plan year accruals	6a	1,448,782
b Expected plan-related expenses	6b	20,000
c Target normal cost	6c	1,468,782

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary	<u>03/25/2025</u> Date
	<u>NICHOLAS FRIES</u> Type or print name of actuary	<u>2307926</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>216-830-8031</u> Telephone number (including area code)
	<u>200 PUBLIC SQUARE</u> <u>SUITE 3760</u> <u>CLEVELAND OH 44114</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age.....				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1,468,782	
b Excess assets, if applicable, but not greater than line 31a.....	31b	1,468,782	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	295,970	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	295,970	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

BELLEFAIRE & MONARCH				
(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	4.00%	1,000,000	40,000	2,200,000
56	4.00%	960,000	38,400	2,150,400
57	4.00%	921,600	36,864	2,101,248
58	4.00%	884,736	35,389	2,052,588
59	4.00%	849,347	33,974	2,004,458
60	4.00%	815,373	32,615	1,956,894
61	4.00%	782,758	31,310	1,909,929
62	20.00%	751,447	150,289	9,317,949
63	20.00%	601,158	120,232	7,574,591
64	50.00%	480,926	240,463	15,389,644
65	50.00%	240,463	120,232	7,815,054
66	50.00%	120,232	60,116	3,967,643
67	50.00%	60,116	30,058	2,013,879
68	50.00%	30,058	15,029	1,021,969
69	50.00%	15,029	7,514	518,499
70	100.00%	7,514	7,514	526,013
Total			1,000,000	62,520,757
Average				62.52

WINGSPAN				
(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	1.00%	1,000,000	10,000	550,000
56	1.00%	990,000	9,900	554,500
57	1.00%	980,100	9,801	558,657
58	1.00%	970,299	9,703	562,773
59	1.00%	960,596	9,606	566,752
60	1.00%	950,990	9,510	570,594
61	1.00%	941,480	9,415	574,303
62	10.00%	932,065	93,207	5,778,805
63	10.00%	838,859	83,886	5,284,811
64	10.00%	754,973	75,497	4,831,827
65	10.00%	679,476	67,948	4,416,592
66	50.00%	611,528	305,764	20,180,426
67	50.00%	305,764	152,882	10,243,095
68	50.00%	152,882	76,441	5,197,989
69	50.00%	76,441	38,221	2,637,215
70	100.00%	38,221	38,221	2,675,435
Total			1,000,000	65,183,674
Average				65.18

Blended Average Age

	Count	Average Age	Total
Bellefaire / Monarch	227 x	62.52	= 14,192.04
Wingspan	71 x	65.18	= 4,627.78
	298		18,819.82

Weighted Retirement Age = Total / Count 63

The weighted average retirement age is the total for column E divided by the total for column D. It should be noted that while only integral values are shown in the table, full content of each cell, including decimal portions, is used in the calculation. A blended average is used for the combined active population.

Schedule SB, Line 18 – Employee Contributions for July 1, 2023 plan year

Date	Amount	Date	Amount
7-Jul-23	3,134.70	26-Jan-24	3,715.94
14-Jul-23	3,767.64	5-Feb-24	2,805.46
21-Jul-23	3,144.73	9-Feb-24	3,748.31
28-Jul-23	3,774.10	20-Feb-24	2,881.83
4-Aug-23	2,647.82	23-Feb-24	3,705.95
11-Aug-23	3,653.21	1-Mar-24	2,760.44
18-Aug-23	2,603.09	11-Mar-24	3,817.75
25-Aug-23	3,700.37	15-Mar-24	2,763.28
8-Sep-23	6,293.15	22-Mar-24	3,667.35
15-Sep-23	2,603.01	1-Apr-24	2,686.24
22-Sep-23	3,805.44	5-Apr-24	3,663.56
6-Oct-23	6,257.92	12-Apr-24	2,654.16
20-Oct-23	6,369.52	19-Apr-24	3,691.58
31-Oct-23	2,623.52	26-Apr-24	2,673.44
3-Nov-23	3,729.41	3-May-24	3,612.67
10-Nov-23	2,613.27	10-May-24	2,696.39
17-Nov-23	3,733.50	17-May-24	3,623.24
1-Dec-23	6,387.34	24-May-24	2,663.78
8-Dec-23	2,717.53	31-May-24	1,265.12
18-Dec-23	3,678.53	6-Jun-24	2,388.61
22-Dec-23	2,663.38	7-Jun-24	2,652.84
29-Dec-23	3,659.48	14-Jun-24	3,648.67
12-Jan-24	2,929.48	21-Jun-24	2,575.90
19-Jan-24	6,279.04	28-Jun-24	1,258.45
Total			164,390.14

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: October 1, 2009 Restated plan: July 1, 2014 Plan year: The 12-month period beginning each July 1.
Significant events that occurred during the year	None
Participation	<p>Each employee of Wingspan Care Group or any other Wingspan Care Group member agency that adopts the Plan becomes a Participant on the January 1 or July 1 coincident with or next following the date of attainment of age 20½ and completion of one Year of Eligibility Service.</p> <p>Plan A is a frozen group of participants who formerly participated in the Jewish Federation of Cleveland Employees' Retirement Plan and were making contributions as of September 30, 2009. Plan B is for all other participants of the plan.</p> <p>To participate with Plan A formula, after-tax Employee Contributions of 1% of annual Compensation must be paid to the Plan. However, if covered under a collective bargaining agreement, after-tax Employee Contributions of 2% of annual Compensation must be paid to the Plan.</p> <p>To participate with Plan B formula, after-tax Employee Contributions of 1% of annual Compensation must be paid to the Plan.</p> <p>An employee who was a participant in the Federation Plan on September 30, 2009 and was still an employee on October 1, 2009 became a participant in this Plan as of October 1, 2009. For service from July 1, 2009 through September 30, 2009, no Employee Contributions were required to receive credit for benefit accruals, and that service is included in determining Average Monthly Compensation.</p> <p>Any employee that has completed an Opt Out Election Form is excluded from the Plan and will not have any future opportunity to participate.</p>
Definitions	
<ul style="list-style-type: none"> ▪ Monthly Compensation 	<p>Gross salary in the immediately preceding Plan Year. This includes deferrals under 401(k), 403(b), 457(b), 125, or 129 plan. This excludes reimbursements and other expense allowances, cash and noncash fringe benefits, moving expenses, deferred compensation, and welfare benefits. Also excluded are overtime pay, on-call time pay, bonuses, severance pay and imputed income. Salary in the year of hire is annualized. Once adjusted annual compensation is determined, it is divided by 12 to produce the Monthly Compensation.</p>
<ul style="list-style-type: none"> ▪ Average Monthly Compensation 	<p>Average of the 3 highest consecutive Plan Years of Monthly Compensation out of the last 10 Plan Years while a participant, or all Plan Years while a participant if less than 3 Plan Years.</p>
<ul style="list-style-type: none"> ▪ Primary Social Security Benefit 	<p>The Federal Social Security Benefit payable to the participant at age 65 determined assuming the participant's current earnings continue to age 65</p>

Schedule SB, Part V — Summary of Plan Provisions

	and that prior earnings are based on actual compensation history with missing information estimated by discounting the most recent Monthly Compensation at a rate of 6% per year.
▪ Federation Offset Benefit	The accrued benefit under the Jewish Community Federation of Cleveland Employees' Retirement Plan as of September 30, 2009.
▪ Years of Eligibility Service	<p>One year of service is earned for completion of 1,000 hours in the 12 months from date of hire, or completion of 1,000 hours during the Plan Year beginning during such 12-month period or any Plan Year thereafter.</p> <p>Participants under the Federation Plan are granted all Years of Eligibility Service accumulated under the Federation Plan.</p> <p>One year of service is also earned for a continuous 12-month period of full time employment with a governmental agency or an entity that is classified as a IRC Section 501(c)(3) organization and that maintains a pension plan but is not an Employer.</p>
▪ Years of Benefit Service	<p>One year of service is earned for each Plan Year in which the employee completes 1,000 hours while a Participant, except that in the final year of employment the threshold will be 500 hours.</p> <p>For those employed by the Employer prior to June 30, 2010, and who participated under the Federation Plan, all Years of Benefit Service accumulated under the Federation Plan are included.</p>
▪ Years of Vesting Service	<p>One year of service is earned for each Plan Year in which the employee completes 1,000 hours.</p> <p>Participants under the Federation Plan are granted all Years of Vesting Service accumulated under the Federation Plan.</p>
▪ Employee Contributions	The employee contribution for a plan year equals 1% of annual compensation, or 2% of annual compensation for participants in Plan A who are covered under a collective bargaining agreement. Such amounts are increased with interest at statutory rates and provide minimum, employee-bought benefits in the event of termination, retirement or death.
▪ Participating Employers	<p>Bellefaire Jewish Children's Bureau</p> <p>Wingspan Care Group</p> <p>Monarch Life Works</p>
▪ Accrued Benefit	<p>A monthly benefit paid at Normal Retirement Date, on a 10-year certain and continuous basis for Plan A, or on a straight life annuity basis for Plan B, equal to (a) minus (b), but not less than (c):</p> <p>(a) The greater of (1) or (2):</p> <ol style="list-style-type: none"> 1. The product of (A) multiplied by (B): <ol style="list-style-type: none"> A. For Plan A 2.5%, or for Plan B 1.8%, times Average Monthly Compensation times Years of Benefit Service projected to Normal Retirement Date (maximum 40 years), minus 50% of the monthly Primary Social Security Benefit.

Schedule SB, Part V — Summary of Plan Provisions

B. The ratio of actual Years of Benefit Service as of the termination date to projected Years of Benefit Service to Normal Retirement (with this ratio limited to 1.00).

2. The greater of \$50 per month* or \$10 per month times Years of Benefit Service (maximum 40 years).

(b) The Federation Offset Benefit.

(c) The accrued benefit as of July 1, 2012.

A Participant's accrued benefit will never be less than the Participant's accrued benefit derived from employee contributions.

* Minimum benefit increased for non-union, non-highly compensated participants to \$141.67 per month for Plan Year starting July 1, 2018 and \$340 per month for Plan Year starting July 1, 2021

Normal retirement

▪ Eligibility	Age 65, or the fifth anniversary of the participation commencement date, whichever is later
▪ Benefit	The Accrued Benefit

Early retirement

▪ Eligibility	Age 55 and 100% vested.
▪ Benefit	The accrued benefit is payable as early as age 55 but actuarially reduced from Normal Retirement Age for early commencement based on 1994 GAR mortality rates and 8% interest. There is no reduction for a participant that has attained age 62 with 30 Years of Benefit Service, so long as they commenced participation in the Federation Plan prior to July 1, 2001 or for non-union, non-highly compensated participants effective July 1, 2022.

Deferred vested

▪ Eligibility	Upon termination of employment prior to retirement after completion of at least five Years of Vesting Service.
▪ Benefit	The accrued benefit payable at Normal Retirement Age, or as early as age 55 on an actuarially reduced basis.

Delayed retirement

▪ Eligibility	Upon termination following continued employment beyond Normal Retirement Date.
▪ Benefit	Benefits will be suspended between Normal Retirement Date and required minimum distribution date. Participant's accrued benefit will be actuarially increased from April 1 following age 70.5 to actual commencement date.

Pre-retirement death

▪ Eligibility	100% vested.
▪ Benefit	Pre-Retirement Spouse Pension: A monthly benefit payable to the spouse for life commencing at the time the participant would have been eligible for retirement. For a participant who commenced participation on or after July 1,

Schedule SB, Part V — Summary of Plan Provisions

2001, the benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment. For all other participants the benefit is based on 100% of the accrued benefit reduced for early commencement.

Alternate Death Benefit – must be elected to be available:

A monthly benefit payable to the spouse, or other designated beneficiary, for life commencing at the time the participant would have been eligible for retirement. For a participant who commenced participation on or after July 1, 1994 the benefit payable is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement. For all others that commenced participation in the Federation Plan before July 1, 1994, the benefit is based on 100% of the accrued benefit reduced for early commencement.

Form of benefits

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ Normal form of Benefit | <p><u>Plan A:</u> 10 Year Certain and Continuous Annuity – This form provides monthly payments during the Participant’s lifetime with 120 guaranteed payments to the retiree or his designated beneficiary.</p> <p><u>Plan B:</u> Single Life Annuity – This form provides monthly payments during the Participant’s lifetime. No payments are made after the Participant dies.</p> |
| <ul style="list-style-type: none"> ▪ Optional Forms of Payments | <p>Single Life Annuity – This form provides monthly payments during the Participant’s lifetime. No payments are made after the Participant dies. The payments are the actuarial equivalent value of the Normal Form of Benefit.</p> <p>5, 10, or 15 Year Certain and Continuous Annuity – This form provides monthly payments during the Participant’s lifetime with 60, 120, or 180 guaranteed payments, respectively, to the retiree or his designated beneficiary. The payments are the actuarial equivalent value of the Normal Form of Benefit.</p> <p>50%, 75%, or 100% Joint & Survivor Annuity – This form provides reduced monthly payments during the Participant’s lifetime with monthly payments to the surviving spouse, or other designated beneficiary, after the Participant’s death equal to 50%, 75%, or 100%, respectively, of the amount paid during the participant’s lifetime. The payments are the actuarial equivalent value of the Normal Form of Benefit.</p> |

Miscellaneous

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ Maximum benefits | The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age. |
| <ul style="list-style-type: none"> ▪ Plan Compensation Limit | The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes. |

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through December 29, 2016, are included in this valuation:

- **Most recent plan amendments included:** The plan was amended to reinstate benefit accruals for highly compensated employees and to add an unreduced early retirement benefit for non-union Plan B participants on June 16, 2023.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions

Plan provision changes since prior valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2022 to 2023.
- The plan was amended on April 13, 2023 to increase the minimum benefit for non-union, non-highly compensated participants to \$340 per month.
- The plan was amended on June 16, 2023 to reinstate benefit accruals for highly compensated employees and to add an unreduced early retirement benefit for non-union Plan B participants.

**Wingspan Care Group
Defined Benefit Retirement Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
June 30, 2024**

Employer Identification Number: 56-2327939

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or similar party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost Value	Current Value	
Federated Government Obligations Fund IS	Interest-bearing cash	\$ 100,267	\$ 100,267	
Linsco/Private Ledger Cash Account	Interest-bearing cash	3,416	3,416	
		<u>103,683</u>	<u>103,683</u>	
	U.S. government securities:			
US Treasury Note/Bond	4.250% Due 03-15-27	71,502	71,426	
US Treasury Note/Bond	4.500% Due 04-15-27	102,324	102,863	
US Treasury Note/Bond	1.500% Due 11-30-28	108,099	107,085	
US Treasury Note/Bond	4.375% Due 11-30-28	209,324	207,073	
US Treasury Note/Bond	3.750% Due 12-31-28	33,601	33,139	
US Treasury Note/Bond	4.000% Due 01-31-29	507,169	505,405	
US Treasury Note/Bond	4.500% Due 05-31-29	150,287	151,113	
US Treasury Note/Bond	3.500% Due 04-30-30	208,202	200,003	
US Treasury Note/Bond	4.125% Due 08-31-30	122,255	121,549	
US Treasury Note/Bond	4.625% Due 05-15-34	7,074	7,018	
US Treasury Principal STRIPS	0.000% Due 11-15-41	59,789	58,211	
US Treasury Note/Bond	3.625% Due 05-15-53	114,521	103,625	
US Treasury Note/Bond	4.125% Due 08-15-53	165,839	171,477	
US Treasury Note/Bond	4.750% Due 11-15-53	46,305	46,807	
US Treasury Note/Bond	4.250% Due 02-15-54	74,161	74,283	
US Treasury Note/Bond	4.750% Due 05-15-54	49,967	48,960	
		<u>2,030,419</u>	<u>2,010,037</u>	
	Corporate debt instruments—preferred:			
JPMorgan Chase & Co	1.045% Due 11-19-26	71,145	67,686	
Bank of America Corp	1.658% Due 03-11-27	155,398	147,214	
Morgan Stanley	1.593% Due 05-04-27	50,360	47,549	
BP Capital Markets PLC	3.279% Due 09-19-27	56,352	54,964	
BP Cap Markets America	4.970% Due 10-17-29	62,988	62,906	
Shell International Fin	2.750% Due 04-06-30	59,029	49,004	
Comcast Corp	1.950% Due 01-15-31	16,550	14,040	
Blackrock Inc	2.100% Due 02-25-32	46,535	39,118	
Eli Lilly & Co	4.700% Due 02-09-34	50,984	49,887	
Astrazeneca Finance LLC	5.000% Due 02-26-34	94,652	94,416	
Home Depot Inc	4.950% Due 06-25-34	58,437	59,592	
Oracle Corp	3.600% Due 04-01-50	69,291	50,577	
Blackrock Funding Inc	5.250% Due 03-14-54	26,674	26,127	
		<u>818,395</u>	<u>763,080</u>	
	Corporate debt instruments (other than employer securities)—all other:			
AT&T Inc	1.700% Due 03-25-26	71,290	67,588	
Oracle Corp	1.650% Due 03-25-26	33,572	31,872	
Goldman Sachs Group Inc	1.431% Due 03-09-27	43,467	41,060	
JPMorgan Chase & Co	1.578% Due 04-22-27	33,589	31,729	
JPMorgan Chase & Co	1.470% Due 09-22-27	23,678	22,040	
Toyota Motor Credit Corp	5.050% Due 05-16-29	104,775	105,205	
Comcast Corp	5.100% Due 06-01-29	10,992	11,080	
Johnson & Johnson	4.800% Due 06-01-29	36,955	37,295	
Amgen Inc	2.450% Due 02-21-30	40,382	35,758	
Verizon Communications	1.750% Due 01-20-31	145,369	121,614	
Astrazeneca Finance LLC	2.250% Due 05-28-31	23,439	20,266	
Johnson & Johnson	4.900% Due 06-01-31	44,960	45,349	
AT&T Inc	2.250% Due 02-01-32	23,153	19,519	
Citigroup Inc	2.520% Due 11-03-32	53,403	45,479	
JPMorgan Chase & Co	2.545% Due 11-08-32	26,447	22,401	
Philip Morris Intl Inc	5.750% Due 11-17-32	84,154	85,463	
US Bancorp	2.677% Due 01-27-33	152,436	128,991	
United Parcel Service	5.150% Due 05-22-34	43,929	43,878	
Comcast Corp	5.300% Due 06-01-34	21,927	22,100	
CVS Health Corp	5.700% Due 06-01-34	62,953	62,842	
Elevance Health Inc	5.375% Due 06-15-34	36,973	37,171	
Pres & Fellows Of Harvard	4.609% Due 02-15-35	48,000	46,811	
Fannie Mae Ma604	3.000% Due 05-01-37	171,636	189,766	
Fannie Mae Ma620	3.000% Due 06-01-37	141,623	152,637	
Vodafone Group Plc	5.750% Due 06-28-54	49,717	48,121	
		<u>1,528,819</u>	<u>1,476,035</u>	

Wingspan Care Group
Defined Benefit Retirement Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
June 30, 2024

Employer Identification Number: 56-2327939

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or similar party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost Value	Current Value	
Air Products & Chemicals Inc	Common Stock, 264 shares	\$ 62,993	\$ 68,125	
Allianz Se Unsp ADR	Common Stock, 2,398 shares	49,564	66,473	
Alphabet Inc CL A	Common Stock, 227 shares	23,191	41,348	
American Express Co.	Common Stock, 290 shares	33,597	67,150	
American Tower REIT Inc	Common Stock, 161 shares	31,161	31,295	
Banco Santander Adr	Common Stock, 14,850 shares	50,092	68,756	
Bank of America Corp	Common Stock, 2,087 shares	53,556	83,000	
Becton Dickinson & Co	Common Stock, 209 shares	51,513	48,845	
Berkshire Hathaway Inc Cl B	Common Stock, 111 shares	23,023	45,155	
Bouygues Un-sponsored ADR	Common Stock, 7,802 shares	51,187	49,777	
Bp Plc Spons Adr	Common Stock, 1,749 shares	59,858	63,139	
Capital One Financial Corp Com	Common Stock, 183 shares	27,183	25,336	
Charles Schwab Corporation	Common Stock, 1,094 shares	60,113	80,617	
Chevron Corp	Common Stock, 340 shares	36,501	53,183	
CKH Hldgs ADS	Common Stock, 8,014 shares	67,407	37,986	
Comcast Corp Cl A	Common Stock, 1,133 shares	45,556	44,368	
ConocoPhillips	Common Stock, 843 shares	40,049	96,422	
Continental Ag Spons Adr	Common Stock, 3,819 shares	40,380	21,463	
CVS Health Corp	Common Stock, 621 shares	45,949	36,676	
Deere & Co.	Common Stock, 61 shares	11,046	22,791	
Deutsche Post Ag-Spon	Common Stock, 1,025 shares	43,524	41,646	
Disney Walt Co	Common Stock, 198 shares	18,628	19,659	
Edison Intl	Common Stock, 762 shares	47,434	54,719	
Elevance Health Inc	Common Stock, 77 shares	22,138	41,723	
Enel Spa ADR	Common Stock, 10,835 shares	71,876	74,653	
Fujifilm Holdings Unspn ADR	Common Stock, 5,292 shares	39,902	62,128	
Fujitsu Ltd Adr 5 Com New	Common Stock, 3,707 shares	52,551	58,200	
GSK PLC Spon ADR	Common Stock, 1,605 shares	68,591	61,793	
Haleon Plc Spon Ads	Common Stock, 3,830 shares	26,939	31,636	
Hitachi Ltd Adr	Common Stock, 285 shares	31,713	64,176	
Home Depot Incorporated	Common Stock, 120 shares	24,374	41,309	
Honda Motor Ltd Sponsored ADR	Common Stock, 1,481 shares	41,136	47,747	
Illinois Tool Works Inc.	Common Stock, 146 shares	22,085	34,596	
Imperial Brands Plc-Spon ADR	Common Stock, 2,546 shares	57,096	65,330	
Intel Corporation	Common Stock, 2,723 shares	104,570	84,331	
Johnson & Johnson	Common Stock, 316 shares	45,646	46,187	
JPMorgan Chase & Co	Common Stock, 597 shares	62,366	120,749	
Kao Corp	Common Stock, 4,585 shares	34,823	37,139	
Kering SA Un-sponsored ADR	Common Stock, 1,365 shares	53,150	49,522	
Kingfisher Plc	Common Stock, 2,052 shares	11,525	12,846	
Koninklijke Ahold Sponsored ADR	Common Stock, 635 shares	19,118	18,790	
Koninklijke Philips Ei	Common Stock, 2,669 shares	39,313	67,259	
Lam Research Corp	Common Stock, 51 shares	27,492	54,307	
Lloyds Banking Group PLC ADR	Common Stock, 23,959 shares	56,253	65,408	
Marsh & McLennan Inc.	Common Stock, 199 shares	17,910	41,933	
Martin Marietta Materials	Common Stock, 74 shares	14,178	40,093	
Mckesson Corp	Common Stock, 122 share	46,439	71,253	
Merck & Company Inc	Common Stock, 281 shares	20,864	34,788	
Meta Platforms Inc	Common Stock, 80 shares	9,527	40,338	
Microchip Technology	Common Stock, 581 shares	48,931	53,162	
Microsoft Corporation	Common Stock, 82 shares	10,952	36,650	
Mitsubishi Electric—Unsp Adr	Common Stock, 1,611 shares	39,931	51,842	
Mondi PLC-Unspn ADR	Common Stock, 868 shares	47,811	33,574	
Motorola Solutions Inc	Common Stock, 158 shares	21,860	60,996	
Nestle SA Sponsored ADR Registered (NSRGY)	Common Stock, 250 shares	26,318	25,613	
Northrop Grumman Corp	Common Stock, 97 shares	33,985	42,287	
Novartis Ag Sponsored ADR	Common Stock, 470 shares	36,676	50,036	
Oracle Corp	Common Stock, 314 shares	16,571	44,337	
Otis Worldwide Corp	Common Stock, 310 shares	15,458	29,841	

(Continued)

**Wingspan Care Group
Defined Benefit Retirement Plan**

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
June 30, 2024**

Employer Identification Number: 56-2327939

Plan Number: 002

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or similar party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost Value	Current Value	
PepsiCo Inc	Common Stock, 221 shares	\$ 30,863	\$ 36,450	
Progressive Corp	Common Stock, 173 shares	14,363	35,934	
Roche Hldg Ltd- Spons Adr	Common Stock, 579 shares	19,934	20,074	
RTX Corp	Common Stock, 375 shares	32,766	37,646	
Sandoz Group AG Sponsored ADS	Common Stock, 122 shares	2,601	4,416	
Sanofi—Aventis Sa Adr	Common Stock, 1,177 shares	55,868	57,108	
Scottish & Southern Energy Adr (sseezy)	Common Stock, 3,127 shares	58,366	71,890	
Secom Ltd	Common Stock, 2,215 shares	37,790	32,760	
Sempra	Common Stock, 1,193 shares	74,679	90,740	
Shell PLC ADR A	Common Stock, 952 shares	44,875	68,715	
Sherwin Williams	Common Stock, 140 shares	32,485	41,780	
Singapore Telecom Spd Adr (sgapy)	Common Stock, 1,526 shares	30,711	30,917	
Snam Rete Gas Un-sponsored ADR	Common Stock, 6,284 shares	71,153	58,253	
Sony Corp ADR New	Common Stock, 694 shares	54,466	58,955	
Taiwan Semiconductor-Sp ADR	Common Stock, 227 shares	12,134	39,455	
Takeda Pharmaceutical Co ADR	Common Stock, 3,840 shares	63,388	49,690	
Tesco Plc Spd ADR	Common Stock, 4,167 shares	41,171	49,087	
Thermo Fisher Scientific Inc	Common Stock, 100 shares	46,332	55,300	
Toyota Industries-Unspon ADR	Common Stock, 581 shares	34,784	49,513	
Travelers Cos Inc	Common Stock, 233 shares	31,444	47,378	
United Overseas Bank Ltd Spon Adr	Common Stock, 1,422 shares	51,688	65,341	
United Parcel Service	Common Stock, 320 shares	41,922	43,792	
UnitedHealth Group Inc	Common Stock, 92 shares	29,998	46,852	
Upm-Kymmene Oyj-Unspon ADR	Common Stock, 278 shares	8,943	9,683	
US Bancorp—Del	Common Stock, 722 shares	30,339	28,663	
Varalto Corp	Common Stock, 321 shares	23,838	30,646	
Visa Inc Class A Shares	Common Stock, 193 shares	40,068	50,655	
WEC Energy Group Inc	Common Stock, 424 shares	35,174	33,267	
WH Group Ltd-ADR	Common Stock, 2,661 shares	44,345	34,859	
Williams Co.	Common Stock, 1,740 shares	61,567	73,950	
WPP PLC ADR	Common Stock, 873 shares	47,013	39,966	
XPO Inc	Common Stock, 338 shares	40,933	35,879	
		<u>3,539,574</u>	<u>4,394,115</u>	
	Exchange traded funds			
Vanguard	S&P 500 ETF, 7,659.000 units	2,192,716	3,830,496	
	Registered investment companies			
American Funds	New World F2, 24,618.011 units	1,709,135	1,967,471	
Fidelity	Small Cap Value Fund, 111,276.178 units	2,366,793	2,188,802	
JPMorgan	100% US Treas Prem, 1,216,908.090 units	1,216,908	1,216,908	
JPMorgan	US Government MMkt Investor, 315,879.570 units	315,880	315,880	
MFS	Mid Cap Growth Fund-I, 76,504.145 units	2,504,907	2,378,514	
PGIM	High Yield CI Z, 358,452.501 units	1,863,607	1,691,897	
PIMCO	Income I2, 421,887.131 units	4,594,203	4,421,377	
T Rowe Price	Lrg Cp Gr Inv, 22,780.355 units	1,610,348	1,812,633	
		<u>16,181,781</u>	<u>15,993,482</u>	
		<u>\$ 26,395,387</u>	<u>\$ 28,570,928</u>	

Note: The above information has been certified as complete and accurate by Matrix Trust Company, the custodian of the Plan.

Schedule SB, Line 25 – Change in Method

This is the first year that Mercer has performed the actuarial valuation for this plan. Last year's valuation was completed by USI. Revenue Procedure 2017-56 provides for automatic approval if changes to funding target and target normal cost are within 3%. This change qualifies for automatic approval.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Administrative expenses included in the target normal cost were updated from \$0 as of July 1, 2022 to \$20,000 as of July 1, 2023.