

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

Date Completed: 9/14/2026 9:42 AM EST

Confirmation Number: 16991

Amended Confirmation Number:

Employer Information

Name: Wingspan Care Group
Address: 22001 Fairmount Blvd
City: Shaker Heights
State: OH
Zip Code: 44118

Plan Administrator Information

Name: Wingspan Care Group
Address: 22001 Fairmount Blvd
City: Shaker Heights
State: OH
Zip Code: 44118
Phone: 2163208320
Email: moores@wingspancg.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Section 457(b) Incentive Compensation Plan of Wingspan Care Group	Number of Employees: 10
ID:2	Plan Name:	Section 457(f) Incentive Plan of Wingspan Care Group	Number of Employees: 4

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 16991. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.