

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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 style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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><b>1a</b> Name of plan <u>STONEGATES 401(K) PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>GREENVILLE RETIREMENT COMMUNITY,</u>  <u>4031 KENNETT PIKE</u> <u>GREENVILLE, DE 19807</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1999</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>51-0267730</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>302-658-1510</u></p> <p><b>2d</b> Business code (see instructions) <u>623000</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/06/2025	TERRI MCCLAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	175
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	124
	<b>6a(2)</b>	118
	<b>6b</b>	1
	<b>6c</b>	31
	<b>6d</b>	150
	<b>6e</b>	0
	<b>6f</b>	150
	<b>6g(1)</b>	142
<b>6g(2)</b>	119	
<b>6h</b>	3	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>STONEGATES 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREENVILLE RETIREMENT COMMUNITY,</b>	<b>D</b> Employer Identification Number (EIN) <b>51-0267730</b>	

**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

**ALLIANZ GLOBAL INVESTORS DISTRIBUTO** **1345 AVENUE OF THE AMERICAS**  
**NEW YORK, NY 10105**

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

**AMERICAN FUNDS DISTRIBUTORS, INC.**

**95-2769620**

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

**BLACKROCK INVESTMENTS, INC.**

**23-2784752**

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

**EATON VANCE DISTRIBUTORS, INC.**

**04-3239487**



**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)

ADP, INC.

13-3036745

(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?
37 50 15 64 26 49 99	RECORD KEEPER	35428	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>STONEGATES 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREENVILLE RETIREMENT COMMUNITY,</u>	<b>D</b> Employer Identification Number (EIN) <u>51-0267730</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>METLIFE REL ST VAL 25053 - 0</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>RELIANCE TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>46-6625485-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1101603</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>STONEGATES 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREENVILLE RETIREMENT COMMUNITY,</b>	<b>D</b> Employer Identification Number (EIN) <b>51-0267730</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	117585	76281
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1239193	1101603
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	9350583	8557763
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

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	10707361	9735647
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	10707361	9735647

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	322888	
(B) Participants.....	2a(1)(B)	438610	
(C) Others (including rollovers).....	2a(1)(C)	226154	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		987652
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	7298	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		7298
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	478322	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		478322
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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 .....	<b>2b(6)</b>		37331
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		947447
<b>c</b> Other income .....	<b>2c</b>		10636
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2468686

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3404972	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3404972
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	35428	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		35428
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3440400

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-971714
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**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: **GUNNIP AND COMPANY LLP**

(2) EIN: **51-0076769**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>STONEGATES 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GREENVILLE RETIREMENT COMMUNITY,</u>	<b>D</b> Employer Identification Number (EIN) <u>51-0267730</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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): 57-1198022

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A.

**GREENVILLE RETIREMENT COMMUNITY, LLC**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024**

## CONTENTS

INDEPENDENT ACCOUNTANTS' REVIEW REPORT	1
FINANCIAL STATEMENTS	
BALANCE SHEETS	3
STATEMENTS OF OPERATIONS AND MEMBERS' DEFICIT	4
STATEMENTS OF CASH FLOWS	5
NOTES TO FINANCIAL STATEMENTS	7

## INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Members  
Greenville Retirement Community, LLC  
Greenville, Delaware

We have reviewed the accompanying financial statements of Greenville Retirement Community, LLC, which comprise the balance sheets as of December 31, 2024 and 2023, and the related statements of operations and members' deficit and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### Accountant's Responsibility

Our responsibility is to conduct the review engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of Greenville Retirement Community, LLC and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our reviews.

### Basis for Qualified Conclusion

As disclosed in Note 1 to the financial statements, accounting principles generally accepted in the United States of America require that the Company record the fair value of its interest rate swap agreement. Management has informed us that the Company has not recorded the fair value of the interest rate swap and we determined that, if accounting principles generally accepted in the United States of America had been followed, the balance sheet assets would have been increased by \$ 45,284 and \$ 0 at December 31, 2024 and December 31, 2023, respectively, with the change in fair value (\$ 45,284 increase at December 31, 2024 and \$ 43,882 decrease at December 31, 2023) recorded as a component of comprehensive net income.

**Qualified Conclusion**

Based on our reviews, except for the effect of the matter described in the Basis for Qualified Conclusion paragraph, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Wilmington, Delaware

March 28, 2025

Gunnip & Company LLP

## **FINANCIAL STATEMENTS**

**BALANCE SHEETS****DECEMBER 31, 2024 AND 2023**

	<b>ASSETS</b>	
	<b>2024</b>	<b>2023</b>
<b>CURRENT ASSETS</b>		
Cash		
Operating	\$ 3,244,158	\$ 3,023,993
Deposits	439,520	373,895
Asset replacement reserve - money market funds	176,470	44,577
Accounts receivable, net	398,634	300,487
Inventories	123,548	106,536
Prepaid expenses	183,979	168,001
	<hr/>	<hr/>
Total current assets	4,566,309	4,017,489
 <b>PROPERTY AND EQUIPMENT, AT COST</b>		
Land and land improvements	6,232,444	5,999,917
Buildings and building improvements	45,362,843	40,686,975
Furniture, fixtures and equipment	6,068,083	5,927,096
	<hr/>	<hr/>
	57,663,370	52,613,988
Less accumulated depreciation	37,785,399	35,457,256
	<hr/>	<hr/>
	19,877,971	17,156,732
 <b>OTHER ASSETS</b>		
Asset replacement reserve	457,773	477,394
Other assets	211,931	136,931
Operating lease right of use asset	39,446	35,615
	<hr/>	<hr/>
	709,150	649,940
	<hr/>	<hr/>
	\$ 25,153,430	\$ 21,824,161
	<hr/>	<hr/>

See Accompanying Notes and Independent Accountants' Review Report.

**GREENVILLE RETIREMENT COMMUNITY, LLC**

**LIABILITIES AND MEMBERS' DEFICIT**

	<b>2024</b>	<b>2023</b>
<b>CURRENT LIABILITIES</b>		
Current portion of long-term debt	\$ 151,910	\$ 161,346
Accounts payable and other liabilities	500,467	501,329
Accrued salaries and wages	773,521	799,906
Accrued interest payable	38,816	27,618
Accrued retirement plan contributions	202,689	188,613
Deferred condominium revenue	3,042,045	2,919,992
Deposits	439,520	373,895
Current operating lease liability	12,263	9,094
	5,161,231	4,981,793
Total		
<b>LONG-TERM LIABILITIES</b>		
Deferred condominium revenue	14,063,236	13,359,022
Condominium repurchase obligation	24,908,423	23,626,163
Long-term debt, less unamortized debt issuance costs	7,321,697	5,462,965
Long-term operating lease liability	27,183	26,521
	46,320,539	42,474,671
Total		
Total liabilities	51,481,770	47,456,464
<b>MEMBERS' DEFICIT</b>		
	(26,328,340)	(25,632,303)
	\$ 25,153,430	\$ 21,824,161

STATEMENTS OF OPERATIONS AND  
MEMBERS' DEFICIT

GREENVILLE RETIREMENT COMMUNITY, LLC

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
REVENUES		
Routine	\$ 15,325,208	\$ 15,197,463
Ancillary	1,121,933	1,382,405
Condominium	3,182,284	3,228,833
Loss on disposal of operating assets	0	(514,913)
	<u>19,629,425</u>	<u>19,293,788</u>
EXPENSES		
Nursing and medical	3,385,878	3,316,636
Dietary and food service	2,391,607	2,275,044
Plant operations and grounds maintenance	1,740,241	1,681,410
General and administrative	2,243,754	2,601,647
Housekeeping and laundry	833,445	807,359
Ancillary costs	666,151	913,838
Social services and transportation	532,965	508,365
Sales and marketing	412,373	372,680
Insurance	383,108	381,878
Taxes - real estate and gross receipts	178,686	164,674
Utilities	448,959	421,028
Depreciation	2,338,681	2,383,290
Interest expense	337,718	330,354
Retirement plan contributions - 401(k)	135,028	187,001
Retirement plan contributions - profit-sharing	202,689	187,209
Executive compensation expense	62,338	194,708
Condominium buyback and resale expenses	693,619	746,471
	<u>16,987,240</u>	<u>17,473,592</u>
INCOME FROM OPERATIONS	2,642,185	1,820,196
INVESTMENT INCOME	<u>102,758</u>	<u>64,373</u>
NET INCOME	2,744,943	1,884,569
MEMBERS' DEFICIT,		
BEGINNING OF YEAR	(25,632,303)	(24,096,564)
DISTRIBUTIONS TO MEMBERS		
	<u>(3,440,980)</u>	<u>(3,420,308)</u>
MEMBERS' DEFICIT,		
END OF YEAR	<u>\$ (26,328,340)</u>	<u>\$ (25,632,303)</u>

See Accompanying Notes and Independent Accountants' Review Report.

## STATEMENTS OF CASH FLOWS

## GREENVILLE RETIREMENT COMMUNITY, LLC

## FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
OPERATING ACTIVITIES		
Net income	\$ 2,744,943	\$ 1,884,569
Noncash items included in net income		
Condominium revenue	(3,182,284)	(3,228,833)
Depreciation	2,338,681	2,383,290
Amortization of debt issuance costs	15,460	10,120
Loss on disposal of equipment	0	514,913
Net change in accounts receivable	(98,147)	(9,398)
Net change in inventories	(17,012)	539
Net change in prepaid expenses	(15,978)	6,510
Net change in accounts payable and other liabilities	(862)	(99,301)
Net change in accrued salaries and wages	(26,385)	144,408
Net change in accrued interest payable	11,198	11,670
Net change in accrued retirement plan contributions	14,076	(16,909)
Net change in deposits	65,625	(66,880)
Net cash flow from operating activities	<u>1,849,315</u>	<u>1,534,698</u>
INVESTING ACTIVITIES		
Purchases of property and equipment	(3,139,802)	(3,975,303)
Increase in mortgage acquisition costs	0	(52,820)
Net change in asset replacement reserve	19,621	(44,218)
Net cash flow used by investing activities	<u>(3,120,181)</u>	<u>(4,072,341)</u>
FINANCING ACTIVITIES		
Sale of condominiums	8,950,000	10,357,108
Reacquisition of condominiums	(3,659,190)	(3,728,555)
Repayment of long-term debt	(161,281)	(218,110)
Distributions to members	(3,440,980)	(3,420,308)
Net cash flow from financing activities	<u>1,688,549</u>	<u>2,990,135</u>
NET CHANGE IN CASH	417,683	452,492
CASH and CASH EQUIVALENTS, BEGINNING OF YEAR	<u>3,442,465</u>	<u>2,989,973</u>
CASH and CASH EQUIVALENTS, END OF YEAR	<u>\$ 3,860,148</u>	<u>\$ 3,442,465</u>
CASH PAID FOR		
Interest	<u>\$ 326,520</u>	<u>\$ 318,684</u>

See Accompanying Notes and Independent Accountants' Review Report.

## STATEMENTS OF CASH FLOWS (cont'd)

GREENVILLE RETIREMENT COMMUNITY, LLC

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES		
Mortgage acquisition costs financed through long-term debt	<u>\$ 83,221</u>	<u>\$ 0</u>
Other assets financed through long-term debt	<u>\$ 75,000</u>	<u>\$ 0</u>
Construction in progress financed through long-term debt	<u>\$ 1,920,118</u>	<u>\$ 0</u>
Operating right of use asset obtained in exchange for operating lease liabilities	<u>\$ 16,279</u>	<u>\$ 0</u>

See Accompanying Notes and Independent Accountants' Review Report.

Note 1 Summary of Company activities and significant accounting policiesCompany activities

Greenville Retirement Community, LLC ("the Company") provides housing, healthcare and related services through the operation of a retirement community in Wilmington, Delaware. The community has 74 apartments, 88 villas and a 47 bed healthcare facility.

The Company was formed on May 3, 1999. It includes both Class A and Class B members. Class A members are entitled to all rights and benefits of ownership of a proportionate share of the capital of the Company and are entitled to receive allocations of income and loss. Class B members are non-voting members entitled to receive, in aggregate, an allocation equal to the lesser of one percent (1%) of the Company's taxable income or fifty thousand dollars (\$ 50,000). The holders of Class B units have no interest in the capital of the Company.

Use of estimates in the preparation of financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Accounts receivable

Accounts receivables are carried at their estimated collectible amounts. Credit is generally extended on a short-term basis; thus accounts receivables do not bear interest. Accounts receivable are considered past due based on contractual terms. An allowance for credit losses is an estimate based upon historical write-off trends, facts about the current financial condition of the debtor, and forecast of future operating results based upon current trends and macroeconomic factors. Account balances are charged off against the allowance when recovery efforts cease. The Company has determined that an allowance for credit losses is not necessary at December 31, 2024 and 2023.

Advertising costs

Advertising costs are charged to operations when incurred. Advertising costs for the years ended December 31, 2024 and 2023 were \$ 46,293 and \$ 34,040, respectively.

Inventories

Inventories of food and janitorial and other supplies are carried at the lower of cost or net realizable value using the first in, first out method.

Note 1 Summary of Company activities and significant accounting policies (cont'd)

Depreciation

Depreciation is computed over the estimated useful lives of property and equipment using the straight-line method.

The annual depreciation rates are based on the following ranges of useful lives:

Land improvements	5-40 years
Buildings and building improvements	5-40 years
Furniture, fixtures, and equipment	5-20 years

Renewals and improvements are capitalized. Normal maintenance and repairs are charged to income as incurred.

Depreciation expense was \$ 2,338,681 and \$ 2,383,290 for the years ended December 31, 2024 and 2023, respectively.

Asset replacement reserve

As required by Delaware state law and pursuant to an agreement with an association of residents of the retirement community, a fund was established in 1993 for property and equipment replacements and repairs. The Company made deposits of \$ 200,000 and \$ 247,728 into this fund for the years ended December 31, 2024 and 2023, respectively. Replacements and repairs for the years ended December 31, 2024 and 2023 were \$ 158,920 and \$ 247,728, respectively. Investment earnings are also invested into the fund. Residents do not make monthly contributions to the asset replacement fund.

The Company invests the fund in various equity securities, mutual funds and certificates of deposit. These investments are carried at fair value in the accompanying financial statements with unrealized gains and losses recorded as a component of investment income. Dividend and interest income are recognized as investment income when earned. Realized gains and losses are derived using the specific identification method for determining the cost of securities sold.

Note 1 Summary of Company activities and significant accounting policies (cont'd)

Other assets

During 2014, the Company invested \$ 36,000 in a captive insurance company. For the years ended December 31, 2024 and 2023 the Company has elected to record this investment in accordance with FASB ASC 321-10-35-2 – Equity Securities without Readily Determinable Fair Values, at cost minus impairment plus or minus changes resulting from observable price changes in orderly transactions for the identical or a similar investment of the same issuer. FASB ASC 321-10-35-2 requires an annual assessment of whether equity securities without readily determinable fair values are deemed to have been impaired. An investment is deemed impaired if a qualitative assessment indicates that the investment is impaired and the fair value of the investment is less than its carrying value. Based on this assessment, the investment is not deemed to have been impaired as December 31, 2024 and 2023.

The value of this investment is \$ 36,000 as of December 31, 2024 and 2023 and is included in other assets.

The Company is participating in a captive insurance policy in order to reduce insurance expense and help minimize risk. The policy required an initial investment of \$ 36,000 as noted above. In addition, the Company was required to maintain a collateral balance. The value of the collateral requirement was \$ 100,931 as of December 31, 2024 and 2023, and is included in other assets.

Revenue recognition

The Company adheres to ASU 2014-09 *Revenue from Contracts with Customers* (Topic 606). The ASU and all subsequently issued clarifying ASUs replaced most existing revenue recognition guidance in U.S. GAAP. The ASU also required expanded disclosures relating to the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers.

Routine revenue from charges for apartments and villas, ancillary revenue for supplementary services requested by the residents, and room charges for healthcare beds are reported at the amount that reflects the consideration the Company expects to receive in exchange for the services provided. Performance obligations are determined based on the nature of the services provided. Routine revenue, ancillary revenue, and room charges for healthcare beds are recognized monthly as performance obligations are satisfied.

The Company receives revenue for services under third-party payor programs. The Company records the transaction price based on the terms of the contract with the third-party payor.

Note 1 Summary of Company activities and significant accounting policies (cont'd)

Revenue recognition (cont'd)

The Company sells apartments and villas to residents as condominiums. Under the terms of an Agreement of Sale and Purchase ("resident contract"), the Company has an exclusive and irrevocable option to repurchase the condominiums upon the earliest of any of the following events: (a) termination or breach of the residence contract; (b) an offer to sell the unit to a third party; or (c) death of the resident. The repurchase price for residents who purchased prior to July 2003 is equal to the original sales price reduced by 7% in the first year and 4% thereafter to a maximum reduction of 47%. For residents who purchased after July 2003, the repurchase price is equal to the original sales price reduced by 10% in the first year and 6% thereafter to a maximum reduction of 58%. For residents who purchased after January 2022 and are between the ages of 76 and 84, the repurchase price is equal to the original sales price reduced by 16% in the first year and 6% thereafter to a maximum reduction of 58%. For residents who purchased after January 2023 and are 85 years of age or older, the repurchase price is equal to the original sales price reduced by 22% in the first year and 6% thereafter to a maximum reduction of 58%.

Under the resident contract, the Company receives the sale price of a condominium on the date of sale. Receipts from sales of condominiums are classified as deferred condominium revenue on the balance sheets and are amortized to condominium revenue in the statements of operations and members' deficit. Revenue from sales of condominiums is recognized over time, but not more than the applicable maximum reduction percentage, using the straight-line method over the life expectancies of the residents which approximates the period of time the goods and services under the sales contracts are expected to be transferred to residents. Condominium revenues were \$ 3,182,284 in 2024 and \$ 3,228,833 in 2023.

The receipts from sales of condominiums above the applicable maximum reduction percentage are classified as a condominium repurchase obligation on the balance sheets and is not amortized to revenue. The repurchase obligations are paid to the residents, the resident's estate, or the resident's trust by the Company on the date of repurchase of the unit. The repurchase obligations under existing resident contracts were \$ 24,908,423 and \$ 23,626,163 at December 31, 2024 and 2023, respectively.

At December 31, 2024, 6 condominiums were held by the Company for sale (8 in 2023) and 2 condominiums were being leased.

Leases

The Company utilizes FASB Accounting Standards Codification 842, Leases (ASC 842), in relation to its lease agreements. In accordance with ASC 842, the Company has recorded a Right of Use (ROU) asset and a corresponding lease liability on the balance sheet, for leases in which they are the lessee. See Note 8 for the Company's activity as a lessee.

Income taxes

The Company is organized as a Delaware Limited Liability Company ("LLC"). The LLC is recognized as a partnership for federal and state income tax purposes. Therefore, no provision has been made for current or deferred federal and state income taxes. The members will report their respective shares of the Company's net income or loss as determined for tax purposes on their income tax returns.

Note 1 Summary of Company activities and significant accounting policies (cont'd)

Income taxes (cont'd)

The Company adopted Financial Accounting Standards Board ("FASB") Accounting Standard Codification 740 ("ASC 740") Accounting for Uncertainty in Income Taxes effective January 1, 2009. For the years ended December 31, 2024 and 2023, the Company has determined it did not have a material tax liability for uncertain tax positions and accordingly, no liability or provision for federal or state income taxes is included in the accompanying financial statements.

The Company's policy for penalties and interest assessed by income taxing authorities is to include them in general and administrative expenses. For the years ended December 31, 2024 and 2023, the Company did not incur any interest or penalties from income taxing authorities.

The federal and state income tax returns of the Company for 2021, 2022 and 2023 are subject to examination by the Internal Revenue Service and state income taxing authorities, generally for three years after they are filed.

GAAP departure

The Company entered into an interest rate swap agreement during 2008 which met the criteria of a derivative according to FASB ASC-815-10, Accounting for Derivative Instruments and Hedging Activities. The Company's interest rate swap was used to hedge the Company's exposure to variable cash flows of a forecasted transaction (referred to as a cash flow hedge). In accordance with ASC-815-10, the interest rate swap should have been valued at fair value and should have been included as either an asset or liability on the Company's balance sheet. The Company refinanced the related mortgage liability in 2013 and 2018 and entered into new interest rate swap agreements. The 2018 interest rate swap agreement matured in 2023 and the Company entered into a new interest rate swap agreement during 2024. The fair value of the interest rate swap was valued by the counterparty of the swap arrangement at \$ 45,284 at December 31, 2024 and \$ 0 at December 31, 2023.

In accordance with accounting principles generally accepted in the United States of America, these amounts would be included on the balance sheets at December 31, 2024 and 2023 as an asset and the change as a component of comprehensive net income. The Company has elected not to record the interest rate swap at fair value and these amounts have been excluded from the balance sheets at December 31, 2024 and 2023.

Subsequent events

The date to which events occurring after December 31, 2024, the date of the most recent balance sheet, have been evaluated for possible adjustment to the financial statements or disclosure is March 28, 2025, which is the date on which the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS  
(cont'd)

GREENVILLE RETIREMENT  
COMMUNITY, LLC

Note 2 Asset replacement reserve

Fund investments at December 31, 2024 consisted of:

	Amortized Cost	Gross Unrealized Gain	Gross Unrealized Loss	Fair Value
Exchange traded funds	\$ 360,451	\$ 97,322	\$ 0	\$ 457,773
Money market funds	176,470	0	0	176,470
	<u>\$ 536,921</u>	<u>\$ 97,322</u>	<u>\$ 0</u>	<u>\$ 634,243</u>

During the year ended December 31, 2024 investment income included net realized losses of \$ 964, net unrealized gains of \$ 59,477, and net investment income of \$ 12,679.

Fund investments at December 31, 2023 consisted of:

	Amortized Cost	Gross Unrealized Gain	Gross Unrealized Loss	Fair Value
Exchange traded funds	\$ 439,549	\$ 46,027	\$ (8,182)	\$ 477,394
Money market funds	44,577	0	0	44,577
	<u>\$ 484,126</u>	<u>\$ 46,027</u>	<u>\$ (8,182)</u>	<u>\$ 521,971</u>

During the year ended December 31, 2023 investment income included net realized losses of \$ 106,245, net unrealized gains of \$ 144,419, and net investment income of \$ 11,853.

The change in net unrealized holding gains on equity securities in the amount of \$ 59,477 and \$ 144,419 has been included in net income for the years ended December 31, 2024 and 2023, respectively. All of the unrealized gains recognized during the years ended December 31, 2024 and 2023 are for equity securities still held at year end.

Note 3 Financial instruments

Concentrations of credit risk

The financial instruments which potentially subject the Company to significant concentrations of credit risk are principally cash, accounts receivable and the asset replacement reserve. The degree and concentration of credit risk vary by instrument.

Note 3 Financial instruments (cont'd)

Concentrations of credit risk (cont'd)

The Company's cash is maintained in a highly rated financial institution within the Company's operating area that at times may exceed federally insured limits. Management continually monitors the financial strength of the institution to minimize its risk and the Company has not experienced any losses in such accounts and does not believe it is exposed to significant risk.

Accounts receivable represents unsecured credit sales. The collectability of these receivables is periodically reviewed by management, and if deemed necessary, an allowance for credit losses is established.

Management periodically reviews the performance of the Company's asset replacement reserve to reduce its exposure to risk.

Fair value measurement of financial instruments

The Company complies with FASB Accounting Standards Codification 820 ("ASC 820"), Fair Value Measurements. ASC 820 defines fair value, establishes a framework for measuring fair value in accordance with generally accepted accounting principles, and expands disclosures about fair value measurements. The definitions, framework, and disclosures required by ASC 820 apply to other accounting pronouncements that require or permit fair value measurement.

ASC 820 establishes a three-level hierarchy that prioritizes the factors (inputs) used to calculate the fair value of assets and liabilities:

Level 1 - inputs are unadjusted quoted prices, such as a New York Stock Exchange closing price in active markets for identical assets. Level 1 is the highest priority in the hierarchy.

Level 2 - inputs may include quoted prices for similar assets and liabilities in active markets, as well as other significant inputs that are observable at commonly quoted intervals, such as interest rates, foreign exchange rates, and yield curves.

Level 3 - inputs are unobservable. Typically, assumptions determine the inputs since there is little, if any, related market activity. Level 3 is the lowest priority in the hierarchy.

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

Cash - the carrying amount reflected in the balance sheet for cash approximates the respective fair value due to the short maturity of the instrument.

Accounts receivable - the fair value approximates the carrying value due to its short term maturity.

Note 3 Financial instruments (cont'd)

Fair value measurement of financial instruments (cont'd)

Asset replacement reserve - the fair value is determined by reference to quoted market prices and other relevant information generated by market transactions. The fair value has been determined on a recurring basis at December 31, 2024 and 2023.

Accounts payable and other liabilities - the fair value approximates the carrying value due to its short term maturity.

Long-term debt - the fair value approximates the carrying value due to interest rates which are comparable to current market rates.

Carrying values and estimated fair values at December 31:

	2024		2023	
	Carrying Value	Fair Value	Carrying Value	Fair Value
Financial assets				
Cash	\$3,683,678	\$3,683,678	\$3,397,888	\$3,397,888
Accounts receivable	398,634	398,634	300,487	300,487
Asset replacement reserve				
Exchange traded funds	457,773	457,773	477,394	477,394
Cash and money market funds	<u>176,470</u>	<u>176,470</u>	<u>44,577</u>	<u>44,577</u>
	634,243	634,243	521,971	521,971
Financial liabilities				
Accounts payable and other liabilities	\$ 500,467	\$ 500,467	\$ 501,329	\$ 501,329
Long-term debt	7,473,607	7,473,607	5,624,311	5,624,311

NOTES TO FINANCIAL STATEMENTS  
(cont'd)

GREENVILLE RETIREMENT  
COMMUNITY, LLC

Note 3 Financial instruments (cont'd)

Fair value measurement of financial instruments (cont'd)

Fair values of assets measured on a recurring basis are as follows:

		Fair Value Measurement at Reporting Date		
		Quotes Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Fair Value		
<b>December 31, 2024</b>				
Asset replacement reserve				
Exchange traded funds				
Equity energy	\$ 90,727	\$ 90,727	\$ 0	\$ 0
Large value	195,342	195,342	0	0
Technology	171,704	171,704	0	0
	457,773	457,773	0	0
Money market funds	176,470	176,470	0	0
	<u>\$634,243</u>	<u>\$ 634,243</u>	<u>\$ 0</u>	<u>\$ 0</u>

		Fair Value Measurement at Reporting Date		
		Quotes Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Fair Value		
<b>December 31, 2023</b>				
Asset replacement reserve				
Exchange traded funds				
Equity energy	\$ 85,614	\$ 85,614	\$ 0	\$ 0
Large value	169,892	169,892	0	0
Mid-cap value	88,788	88,788	0	0
Technology	133,100	133,100	0	0
	477,394	477,394	0	0
Money market funds	44,577	44,577	0	0
	<u>\$521,971</u>	<u>\$ 521,971</u>	<u>\$ 0</u>	<u>\$ 0</u>

Note 4      Long-term debt

In August 2008 the Company entered into an interest swap agreement with Wilmington Savings Fund Society ("WSFS") on a mortgage liability. This agreement ended in September 2013 when the Company refinanced the mortgage liability with WSFS. The effect of the swap agreement was to modify the interest rate characteristics of the mortgage from a variable rate to a fixed rate. The interest rate swap agreement required the Company to pay a fixed rate of 6.45% for five years. The variable rate of interest was based on fluctuations in the US Dollar one month LIBOR. The counterparty to this agreement was a major financial institution.

As mentioned above, the Company refinanced the mortgage liability with WSFS during 2013 and entered into a new interest swap agreement with WSFS. This agreement ended in June 2018 when the Company refinanced the mortgage liability with WSFS. The effect of the swap agreement was to also modify the interest rate characteristics of the mortgage from a variable to a fixed rate. The interest rate swap agreement required the Company to pay a fixed rate of 4.00% for five years. The variable rate of interest was based on fluctuations in the US Dollar one month LIBOR. The counterparty to this agreement was a major financial institution.

As mentioned above, the Company refinanced the mortgage liability with WSFS during 2018 and entered into a new interest swap agreement with WSFS. This agreement ended in June 2023 when the Company refinanced the mortgage liability with WSFS. The effect of the swap agreement was to also modify the interest rate characteristics of the mortgage from a variable to a fixed rate. The interest rate swap agreement required the Company to pay a fixed rate of 5.11% for five years. The variable rate of interest was based on fluctuations in the US Dollar one month LIBOR. The counterparty to this agreement was a major financial institution.

As mentioned above, the Company refinanced the mortgage liability with WSFS during 2023 and entered into a new interest swap agreement during 2024. The effect of the swap agreement is to also modify the interest rate characteristics of the mortgage from a variable to a fixed rate. The interest rate swap agreement requires the Company to pay a fixed rate of 5.69% for four years. The variable rate of interest is based on fluctuations in the One Month Term Simple Secured Overnight Financing Rate. The notional amount of the interest rate swap was \$ 5,471,181 at December 31, 2024 (\$ 0 at December 31, 2023). Interest expense on the interest rate swap agreement for the mortgage payable for the years ended December 31, 2024 and 2023 was \$ (42,281) and \$ (40,354), respectively.

In April 2024 the Company entered into an interest swap agreement with Wilmington Savings Fund Society ("WSFS") on an additional mortgage liability. The effect of the swap agreement is to modify the interest rate characteristics of the mortgage from a variable to a fixed rate. The interest rate swap agreement requires the Company to pay a fixed rate of 6.28% for eight years. The variable rate of interest is based on fluctuations in the US Dollar Daily Simple Secured Overnight Financing Rate. The effective date of the interest swap agreement is May 1, 2026.

The counterparty to these agreements is a major financial institution. The Company is exposed to credit loss in the event of nonperformance by the counterparty. However, the Company does not anticipate nonperformance by the counterparty.

**NOTES TO FINANCIAL STATEMENTS  
(cont'd)**

**GREENVILLE RETIREMENT  
COMMUNITY, LLC**

Note 4 Long-term debt (cont'd)

Long-term debt consisted of the following at December 31:

	<b>2024</b>	<b>2023</b>
Mortgage payable - bank monthly interest payments at a variable rate (6.57% at December 31, 2024) through April 2026, due April 2034; secured by property and equipment.	\$ 2,078,339	\$ 0
Mortgage payable - bank monthly principal payments of \$ 9,151 through June 2025; monthly principal payments of \$ 9,693 starting July 2025 plus interest at a fixed rate (5.69% at December 31, 2024), due June 2028; secured by property and equipment.	5,471,181	5,575,370
Mortgage payable - bank monthly installments at \$ 4,997 including interest at 4.00% until August 2025; secured by property and equipment	39,388	96,481
Less: Unamortized debt issuance costs	<u>115,301</u>	<u>47,540</u>
Long-term debt, less unamortized debt issuance costs	7,473,607	5,624,311
Less: current portion	<u>151,910</u>	<u>161,346</u>
	<u>\$ 7,321,697</u>	<u>\$ 5,462,965</u>

Amortization of the debt issuance costs is provided over the estimated useful lives of the debt issuance costs on the straight-line method over the term of the loan through the maturity date. The amortization of the debt issuance costs on the straight-line method is not materially different from the interest method.

Amortization of the debt issuance costs reported as interest expense was \$ 15,460 and \$ 10,120 for the years ended December 31, 2024 and 2023, respectively.

Note 4 Long-term debt (cont'd)

Amortization of the debt issuance costs for each of the next five years is expected to be:

2025	\$	18,956
2026	\$	18,956
2027	\$	18,956
2028	\$	13,674
2029	\$	8,392

Following are maturities of long-term debt for each of the next five years:

2025	\$	151,910
2026	\$	271,268
2027	\$	395,046
2028	\$	5,400,792
2029	\$	307,158
Thereafter	\$	947,433

Interest expense included in income from operations for the years ended December 31, 2024 and 2023 was \$ 322,259 and \$ 320,233, respectively.

In both 2024 and 2023, the Company was required to maintain a minimum debt service coverage ratio of 1.6 on all debt outstanding with the bank. The ratio is defined as net income before taxes, interest, depreciation, and amortization expense divided by total annual debt service.

At December 31, 2024 and 2023, the Company met the covenant described above.

Note 5 Line of Credit

In September 2020, the Company secured a \$ 1,000,000 revolving line of credit. Bank advances on the credit line carry interest at prime (7.50% and 8.50% at December 31, 2024 and December 31, 2023, respectively). The credit line is secured by the property. No advances were outstanding at December 31, 2024 and 2023.

Note 6 Retirement plan

The Company provides a 401(k) deferred compensation and profit-sharing plan for the benefit of eligible employees. The plan allows eligible employees to defer a portion of their annual compensation, pursuant to Section 401(k) of the Internal Revenue Code. The Company contributes a matching amount at the rate of \$ 1.00 for every \$ 1.00 not to exceed 4% of each employee's salary. Pursuant to a plan amendment effective April 1, 2021, the Company contributes non-elective contributions to eligible employees of 3.7%. Prior to the plan amendment, the Company contributed non-elective contributions to eligible employees of 3.7% with an additional 3.7% of earnings in excess of \$ 65,000.

Company contributions to the 401(k) plan were \$ 135,028 and \$ 187,001 in 2024 and 2023, respectively. Company contributions to the profit-sharing plan were \$ 202,689 and \$ 187,209 in 2024 and 2023, respectively.

Note 7 Health Insurance Program

Beginning in December 2015, the Company started participating in a self-insurance program for health care coverage for its employees. Prior to December 2015, the Company provided health insurance for its employees through a third-party provider. The Company limits its losses through the use of stop-loss policies from reinsurers, where specific individual losses for claims are limited to \$ 60,000 per year. The Company's aggregate annual loss limitation is based on a formula that considers, among other things, the total number of employees. During the years ended December 31, 2024 and 2023, expenses totaled \$ 833,873 and \$ 739,700, respectively, under the program. As of December 31, 2024, the Company has no liability (\$ 0 for 2023) for expected claims that were incurred but not paid and a \$ 54,300 liability (\$ 54,412 for 2023) for claims that were incurred but not reported as of the end of the year. These amounts are included in the health insurance expense amounts reported above and are also included as a part of other liabilities.

Note 8 Lease commitments

The Company utilizes the provisions of ASC 842 (Note 1) for its lease agreements. The Company has obligations as a lessee for office equipment with initial non-cancelable terms in excess of one year, including renewal options. The Company classified these leases as operating leases. For leases including renewal options, the Company includes the optional periods in determining the lease term if they are reasonably certain they will exercise the options.

The Company's leases do not include termination options for either party to the lease or restrictive financial or other covenants. Payments under the leases include fixed payments.

The components of lease cost are as follows for the Company's operating leases as of December 31:

	2024	2023
Fixed lease expense	\$ 14,829	\$ 14,054
Variable lease expense	0	0
Net lease cost	<u>\$ 14,829</u>	<u>\$ 14,054</u>

Future minimum annual rentals under long-term leases as of December 31, 2024 are as follows:

2025	\$ 14,830
2026	13,889
2027	10,199
2028	3,799
2029	445
	<u>43,162</u>
Less discount	<u>(3,716)</u>
Lease liability	<u>\$ 39,446</u>

Note 8      Lease commitments (cont'd)

The Company has recorded operating lease ROU assets in the amount of \$ 39,446, a current operating lease liability in the amount of \$ 12,263, and a long-term operating lease liability of \$ 27,183 on the balance sheet as of December 31, 2024 (ROU assets in the amount of \$ 35,615, current operating lease liability in the amount of \$ 9,094, and a long-term operating lease liability in the amount of \$ 26,521 as of December 31, 2023). The weighted-average discount rate is 5.31% as of December 31, 2024 (4.61% as of December 31, 2023), which is based on the Company's incremental borrowing rate at the time a lease is signed. As of December 31, 2024, the weighted-average remaining lease term is 3.13 years (3.72 years as of December 31, 2023).

Note 9      Commitment

During 2023, the Company entered into a construction contract to expand its operations. As of December 31, 2024 and 2023 the total amount paid under the contract was \$ 2,993,654 and \$ 23,312, respectively, which includes capitalized interest of \$ 32,748 in 2024 (\$ 0 in 2023). The payments were recorded to construction in progress, which is included in buildings and building improvements on the balance sheets. The total estimated construction contract is \$ 15,445,000. The construction started during 2024 and is expected to be completed during 2025.

In April 2024, the Company executed a 10-year construction and permanent loan agreement to fund the construction project. As of December 31, 2024, \$ 2,078,339 had been disbursed under the loan agreement. When the loan agreement was executed, the Company incurred a loan commitment fee of \$ 75,000 which was recorded as a commitment fee asset and included in other assets on the balance sheets.

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning		and ending
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ▶	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)	

**Part I Asset and Liability Statement**

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

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

**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.

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

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

**Expenses**

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

**Net Income and Reconciliation**

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

**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:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

- (1)  This form is filed for a CCT, PSA, 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
<b>a</b> 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.) .....			
<b>4a</b>			
<b>b</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.) .....			
<b>4b</b>			
<b>c</b> 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.) .....			
<b>4c</b>			
<b>d</b> 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.) .....			
<b>4d</b>			
<b>e</b> Was this plan covered by a fidelity bond? .....			
<b>4e</b>			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....			
<b>4f</b>			
<b>g</b> 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? .....			
<b>4g</b>			
<b>h</b> 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? .....			
<b>4h</b>			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....			
<b>4i</b>			
<b>j</b> 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.) .....			
<b>4j</b>			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....			
<b>4k</b>			
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....			
<b>4l</b>			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>4m</b>			
<b>n</b> 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. ....			
<b>4n</b>			

**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 \_\_\_\_\_.

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** STONEGATES 401(K) PLAN  
**Plan Sponsor's Name** GREENVILLE RETIREMENT COMMUNITY,

**EIN:** 51-0267730  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	INTEREST RATES ( 4.25% TO 9.50%)		76,281
	VAN TARG RETIRE 2060	REGISTERED INVESTMENT COMPANY		1,648
	VAN TARGET RETIRE 2045	REGISTERED INVESTMENT COMPANY		20,773
	VAN LIFESTRAT CONSERV GR - INV	REGISTERED INVESTMENT COMPANY		139,445
	VANGUARD EXPLORER ADMIN	REGISTERED INVESTMENT COMPANY		758,127
	VANGUARD MID CAP INDEX - ADM	REGISTERED INVESTMENT COMPANY		83,545
	VAN TARGET RETIRE 2055	REGISTERED INVESTMENT COMPANY		31,138

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** STONEGATES 401(K) PLAN  
**Plan Sponsor's Name** GREENVILLE RETIREMENT COMMUNITY,

**EIN:** 51-0267730  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VAN TARG RETIRE 2065	REGISTERED INVESTMENT COMPANY		4,482
	VAN TARGET RETIRE 2050	REGISTERED INVESTMENT COMPANY		208
	VOYA INTERMEDIATE BOND R6	REGISTERED INVESTMENT COMPANY		84,302
	T ROWE PRICE BLUE CHIP GR I	REGISTERED INVESTMENT COMPANY		947,999
	VAN TARGET RETIRE 2035	REGISTERED INVESTMENT COMPANY		32,647
	VAN TARGET RETIRE 2030	REGISTERED INVESTMENT COMPANY		5,522
	PGIM HIGH YIELD FUND R6	REGISTERED INVESTMENT COMPANY		174,603

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** STONEGATES 401(K) PLAN  
**Plan Sponsor's Name** GREENVILLE RETIREMENT COMMUNITY,

**EIN:** 51-0267730  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VIRTUS NFJ MID-CAP VALUE R6	REGISTERED INVESTMENT COMPANY		110,660
	BLACKROCK MIDCAP GROWTH EQ K	REGISTERED INVESTMENT COMPANY		469,848
	VAN TARGET RETIRE 2025	REGISTERED INVESTMENT COMPANY		9,708
	VANGUARD INTERMEDIATE TERM BON	REGISTERED INVESTMENT COMPANY		138,944
	AMERFUNDS AMER BALANCED - R6	REGISTERED INVESTMENT COMPANY		1,127,691
	VANGUARD SMALL CAP INDEX ADMRL	REGISTERED INVESTMENT COMPANY		55,429
	VAN TARGET RETIRE 2040	REGISTERED INVESTMENT COMPANY		2,319

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** STONEGATES 401(K) PLAN  
**Plan Sponsor's Name** GREENVILLE RETIREMENT COMMUNITY,

**EIN:** 51-0267730  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VAN TARGET RETIRE INC	REGISTERED INVESTMENT COMPANY		896
	JANHEN SMALL CAP VALUE FD - N	REGISTERED INVESTMENT COMPANY		90,528
	VANGUARD LIFESTRATEGY MOD GROW	REGISTERED INVESTMENT COMPANY		113,573
	FID 500 IND	REGISTERED INVESTMENT COMPANY		1,512,163
	AMERICAN FUNDS WAMU - R6	REGISTERED INVESTMENT COMPANY		193,902
	PARAMETRIC INTERNATIONAL EQ R6	REGISTERED INVESTMENT COMPANY		398,551
	VANGUARD LIFESTRATEGY GROWTH	REGISTERED INVESTMENT COMPANY		1,559,997

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** STONEGATES 401(K) PLAN  
**Plan Sponsor's Name** GREENVILLE RETIREMENT COMMUNITY,

**EIN:** 51-0267730  
**PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANG EQUITY INC ADM	REGISTERED INVESTMENT COMPANY		203,963
	VAN LS INCOME - INV	REGISTERED INVESTMENT COMPANY		285,150
	METLIFE REL ST VAL 25053 - 0	COMMON/COLLECTIVE TRUST		1,101,603