

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2023</h1>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <u>WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<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>WILSON SENIOR CARE, INC.</u>  <u>116 CASHUA STREET</u> <u>DARLINGTON, SC 29532</u>	<b>1c</b> Effective date of plan <u>10/01/2003</u>  <b>2b</b> Employer Identification Number (EIN) <u>57-0798718</u>  <b>2c</b> Plan Sponsor's telephone number <u>843-393-9925</u>  <b>2d</b> Business code (see instructions) <u>621610</u>

**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.	07/15/2025	SUSAN WEESNER
	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

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>WILSON SENIOR CARE, INC.</p> <p>116 CASHUA STREET DARLINGTON, SC 29532</p>	<p><b>3b</b> Administrator's EIN 57-0798718</p> <p><b>3c</b> Administrator's telephone number 843-393-9925</p>
<p><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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 521</p>
<p><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>).</p>	
<p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p>	<p><b>6a(1)</b> 272</p>
<p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p>	<p><b>6a(2)</b> 301</p>
<p><b>b</b> Retired or separated participants receiving benefits .....</p>	<p><b>6b</b> 52</p>
<p><b>c</b> Other retired or separated participants entitled to future benefits .....</p>	<p><b>6c</b> 140</p>
<p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b> .....</p>	<p><b>6d</b> 493</p>
<p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....</p>	<p><b>6e</b> 0</p>
<p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p>	<p><b>6f</b> 493</p>
<p><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) .....</p>	<p><b>6g(1)</b> 483</p>
<p><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) .....</p>	<p><b>6g(2)</b> 483</p>
<p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....</p>	<p><b>6h</b> 32</p>
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></p>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2I 2P 3H 2Q

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

<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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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>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WILSON SENIOR CARE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>57-0798718</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

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

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

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

MERRILL LYNCH

13-5674085

(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?
28	NONE	7061	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(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 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>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WILSON SENIOR CARE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>57-0798718</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>	23463	258672
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	587138
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	8569	3938
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	299875	7177
<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>	0	0
<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>	1139987	730000
<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)	9086292	6902636
(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	10558186	8489561
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i	0	0
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	10558186	8489561

**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)	880682	
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		880682
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	65757	
(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)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		65757
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		0
(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)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	-2183656	
(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>		
(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>		93912
<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>		-1143305

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	918334	
(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>		918334
<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>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	6986	
(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>		6986
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		925320

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-2068625
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) 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: SCHMOYER & COMPANY

(2) EIN: 57-1163206

**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		1000000
<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>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>WILSON SENIOR CARE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>57-0798718</u>	

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

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

<b>1</b> 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): 51-0528951

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

<b>3</b> 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) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<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) .....	6c	

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

FINANCIAL STATEMENTS  
AND  
SUPPLEMENTAL INFORMATION

**WILSON SENIOR CARE, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN**

Darlington, South Carolina

September 30, 2024 and 2023

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## INDEPENDENT AUDITORS' REPORT

To the ESOP Committee  
Wilson Senior Care, Inc.  
Darlington, South Carolina

### **Opinion**

We have audited the accompanying financial statements of Wilson Senior Care, Inc. Employee Stock Ownership Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended September 30, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Wilson Senior Care, Inc. Employee Stock Ownership Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the year ended September 30, 2024, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Wilson Senior Care, Inc. Employee Stock Ownership Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

## **Responsibilities of Management for the Financial Statements--Continued**

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Wilson Senior Care, Inc. Employee Stock Ownership Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Wilson Senior Care, Inc. Employee Stock Ownership Plan's ability to continue as a going concern for a reasonable period of time.

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

## **Supplemental Schedules Required by ERISA**

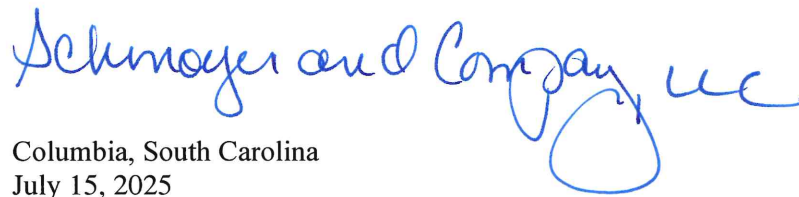
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (shown on pages 23 - 26) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying

**Supplemental Schedules Required by ERISA--Continued**

accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Handwritten signature in blue ink that reads "Schmoys and Company, LLC". The signature is written in a cursive style with a large loop at the end.

Columbia, South Carolina  
July 15, 2025

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN

	September 30, 2024		September 30, 2023	
	Allocated	Unallocated	Allocated	Unallocated
				Total
ASSETS				
Cash	\$ 265,849	\$ --	\$ 323,337	\$ 323,337
Investments, at fair value				
Sponsor company common stock	6,902,636	--	9,086,292	9,086,292
Common stock	61,589	--	101,592	101,592
Mutual funds	113,857	--	185,610	185,610
Certificates of deposit	284,113	--	562,009	562,009
Government and agency securities	207,227	--	217,461	217,461
Corporate bonds	63,214	--	73,316	73,316
Receivables				
Dividends and interest	3,938	--	8,569	8,569
Employer contributions	587,138	--	--	--
	8,489,561	--	10,558,186	10,558,186
TOTAL ASSETS				
LIABILITIES				
	--	--	--	--
TOTAL LIABILITIES				
NET ASSETS				
AVAILABLE FOR BENEFITS	\$ 8,489,561	\$ --	\$ 10,558,186	\$ 10,558,186

See Independent Auditors' Report and Notes to Financial Statements.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Year Ended September 30, 2024

	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>
<b>ADDITIONS TO NET ASSETS</b>			
Investment income			
Net unrealized depreciation in fair value of investments	\$ (2,089,744)	\$ --	\$ (2,089,744)
Interest and dividends	65,757	--	65,757
Employer contributions	<u>880,707</u>	<u>--</u>	<u>880,707</u>
TOTAL ADDITIONS TO NET ASSETS	<u>(1,143,280)</u>	<u>--</u>	<u>(1,143,280)</u>
<b>DEDUCTIONS FROM NET ASSETS</b>			
Distributions to participants	918,359	--	918,359
Administrative expense	<u>6,986</u>	<u>--</u>	<u>6,986</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>925,345</u>	<u>--</u>	<u>925,345</u>
NET DECREASE	(2,068,625)	--	(2,068,625)
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>			
Beginning of year	<u>10,558,186</u>	<u>--</u>	<u>10,558,186</u>
END OF YEAR	<u>\$ 8,489,561</u>	<u>\$ --</u>	<u>\$ 8,489,561</u>

*See Independent Auditors' Report and Notes to Financial Statements.*

## NOTES TO FINANCIAL STATEMENTS

### **WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

#### NOTE A - DESCRIPTION OF PLAN AND BASIS OF PRESENTATION

The following brief description of the Wilson Senior Care, Inc. Employee Stock Ownership Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for complete information.

Wilson Senior Care, Inc. (the Company) established the Wilson Senior Care, Inc. Employee Stock Ownership Plan effective as of October 1, 2003. The Plan operates as a leveraged employee stock ownership plan (ESOP) and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986 (Code), as amended, and is subject to the applicable provisions of the Employee Retirement Security Act of 1974 (ERISA), as amended. The Plan is administered by the Plan Committee comprising up to four persons appointed by the sponsor company's Board of Directors.

The Plan purchased Company common shares in two tranches using the proceeds of borrowings from the Company and holds the stock in a trust established under the Plan. As the Plan made each payment of principal, an appropriate percentage of stock was allocated to eligible employees' accounts in accordance with applicable regulations under the Code.

#### Eligibility

Employees of the Company and its participating subsidiaries are generally eligible to participate in the Plan after one year of service provided they worked at least 1,000 hours during such plan year and are age 21. Participants who do not have at least 1,000 hours of service during such plan year or are not employed on the last working day of a plan year are generally not eligible for an allocation of Company contributions for such year.

#### Contributions

The Company is obligated to make contributions in cash to the Plan which, when aggregated with the Plan's dividends and interest earnings, equal the amount necessary to enable the Plan to make distributions. Employee contributions are not permitted.

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN--Continued

Payment of Benefits

Distributions from the Plan will not be made until a participant retires, dies (in which case payment shall be made to his or her beneficiary or, if none, his or her legal representatives), or otherwise terminates employment with the Company and its participating subsidiaries. The amount to be distributed is based upon the immediately preceding valuation date. Distributions are made in cash. Under the provisions of the Plan, the Company is obligated to repurchase participant shares which have been distributed under the terms of the Plan as long as the shares are not publicly traded or if the shares are subject to trading limitations. During 2024 and 2023, the Company repurchased 13,554 and 13,683 shares, respectively, from participants at prices determined from the independent appraisal.

Administrative Expenses

As provided in the Plan agreement, administrative expenses may be paid either by the Plan or by the Company. The Company has historically paid the third-party administrator and audit expenses for the Plan while the Plan has paid the investment advisory fees.

Voting Rights

Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Trustee prior to the time that such rights are to be exercised. The Trustee is not permitted to vote any allocated share for which instructions have not been given by a participant. The Trustee is required, however, to vote any unallocated shares on behalf of the collective best interest of plan participants and beneficiaries.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each plan year with an allocation of shares of the Company's repurchased common stock and forfeitures of terminated participants' non-vested accounts. Only those participants who are eligible employees of the Company as of the last day of the plan year will receive an allocation. Allocations are based on a participant's eligible compensation relative to total eligible compensation. Plan earnings are allocated to each participant's account based on the ratio of the participant's beginning of the year account balance to all participants' beginning of the year account balances.

## NOTES TO FINANCIAL STATEMENTS

### WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Years Ended September 30, 2024 and 2023

#### NOTE A - DESCRIPTION OF PLAN--Continued

##### Vesting

If a participant's employment with the Company ends for any reason other than retirement, permanent disability, or death, he or she will vest in the balances in his or her account based on total years of service with the Company. Participants vest 20% per year after the second year of service and are 100% vested after six years of service.

##### Put Option

Under Federal income tax regulations, employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company has the option to pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

##### Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who are at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of post-1986 shares allocated to his or her account, less any share previously diversified. In the sixth year, the percentage changes to 50%. Participants who elect to diversify receive a cash distribution. The election to diversify is made subsequent to year-end based upon the shares of employer stock in the participant's account at year-end.

Effective October 1, 2019, the Plan was amended to allow In-Service Distribution for participants who are allowed to participate in pre-retirement diversification for an additional four years following the original election period. Also, participants may request, once normal retirement age has been attained, an in-service distribution of the participant's entire vested benefit.

##### Forfeitures

Employer contributions and Plan forfeitures are allocated to each participant's account based upon the relation of the participant's eligible compensation to total eligible compensation for the Plan year. Forfeitures of terminated non-vested account balances allocated to remaining participants at September 30, 2024 totaled \$64,129.

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN--Continued

Plan Amendments

The Plan had the below amendments for 2023, and for 2024 the Plan had no amendments:

Effective for Plan years on or after October 1, 2022, the contributions for each year will be divided among the eligible participant accounts in the proportion of each eligible participant's covered compensation to the covered compensation of all eligible participants.

Also, if the participant's vested account balance is \$10,000 or less, a lump sum distribution will be made after the close of the plan year in which employment terminates.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. The most significant estimates are the estimation of fair value of financial instruments. Actual results may differ from those estimates.

Investment Valuation and Income Recognition and Other Investment

The common shares of the Company are valued at fair value. See Note D for discussion of fair value measurements.

Dividend income is accrued on the ex-dividend date.

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

Payment of Benefits

Benefits are recorded when paid.

NOTE C - INVESTMENTS

The estimated fair value of the Plan's investments in sponsor company common shares at September 30 are as follows:

	<u>2024</u>		<u>2023</u>	
	<u>Allocated</u>	<u>Unallocated</u>	<u>Allocated</u>	<u>Unallocated</u>
Number of Shares	<u>150,286</u>	<u>--</u>	<u>150,286</u>	<u>--</u>
Cost	<u>\$ 4,254,161</u>	<u>\$ --</u>	<u>\$ 4,254,161</u>	<u>\$ --</u>
Estimated Fair Value	<u>\$ 6,902,636</u>	<u>\$ --</u>	<u>\$ 9,086,292</u>	<u>\$ --</u>

During 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$2,089,744 as follows:

Mutual funds and common stocks	\$ 93,912
Sponsor company common stock	<u>(2,183,656)</u>
	<u>\$(2,089,744)</u>

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

*Level 1*

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

*Level 2*

Inputs to the valuation methodology include:

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

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

*Level 3*

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

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

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS--Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

Fair Value Measurements Using:

		Quoted Prices in Active Markets for Identical Assets (Level 1)	Quoted Price for Similar Markets That Are Not Active (Level 2)	Significant Unobservable Inputs (Level 3)
<u>September 30, 2024</u>	<u>Fair Value</u>			
Mutual funds	\$ 113,857	\$ 113,857	\$ --	\$ --
Common stocks	61,589	61,589	--	--
Sponsor company common stock	6,902,636	--	--	6,902,636
Certificates of deposit	284,113	--	284,113	--
Government and agency securities	207,227	--	207,227	--
Corporate bonds	<u>63,214</u>	<u>--</u>	<u>63,214</u>	<u>--</u>
Total	<u>\$ 7,632,636</u>	<u>\$ 175,446</u>	<u>\$ 554,554</u>	<u>\$ 6,902,636</u>
<u>September 30, 2023</u>	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds	\$ 185,610	\$ 185,610	\$ --	\$ --
Common stocks	101,592	101,592	--	--
Sponsor company common stock	9,086,292	--	--	9,086,292
Certificates of deposit	562,009	--	562,009	--
Government and agency securities	217,461	--	217,461	--
Corporate bonds	<u>73,316</u>	<u>--</u>	<u>73,316</u>	<u>--</u>
Total	<u>\$10,226,280</u>	<u>\$ 287,202</u>	<u>\$ 852,786</u>	<u>\$ 9,086,292</u>

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS--Continued

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended September 30, 2024 and 2023:

Sponsor Company Common Stock

September 30, 2024

Beginning balance	\$ 9,086,292
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	(2,183,656)
Purchases, issuances, settlements, and transfers from unallocated to allocated (net)	<u>          --</u>
Ending balance	<u>\$ 6,902,636</u>
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	<u>\$(2,183,656)</u>

September 30, 2023

Beginning balance	\$11,997,331
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	(2,911,039)
Purchases, issuances, settlements, and transfers from unallocated to allocated (net)	<u>          --</u>
Ending balance	<u>\$ 9,086,292</u>
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	<u>\$(2,911,039)</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS--Continued

The Plan’s policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended September 30, 2024, there were no significant transfers into or out of Level 3.

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

The Wilson Senior Care, Inc. common stock held by the Plan is reported at fair value based upon an appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years as illustrated in the following table.

<b>Instrument</b>	<b>Fair Value</b>	<b>Principle Valuation Technique</b>	<b>Unobservable Inputs</b>
Wilson Senior Care, Inc. common stock	\$ 6,902,636	Income	EBITDA Net income Weighted average cost of capital Discount rate Discount for lack of marketability
		Market	Public comparables Revenue multiple EBITDA multiple Discount for lack of marketability

The valuation process involves the selection of an appraiser. Plan management accumulates the data for the appraiser from historical and projected financial information of the Company. The appraiser prepares a report of estimated per share value that a participant will receive upon distribution.

The Plan Committee determines the fair value measurement policies and procedures in consultation with the Company’s chief financial officer. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENTS--Continued

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE E - NON-PARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the non-participant-directed investments is as follows:

	September 30,	
	<u>2024</u>	<u>2023</u>
Net assets:		
Sponsor company common stock	\$ 6,902,636	\$ 9,086,292
Mutual funds	113,857	185,610
Common stocks	61,589	101,592
Certificate of deposit	284,113	562,009
Government and agency securities	207,227	217,461
Corporate bonds	<u>63,214</u>	<u>73,316</u>
	<u>\$ 7,632,636</u>	<u>\$10,226,280</u>
		Year Ended September 30, 2024
Changes in net assets:		
Contributions	\$ 880,707	
Interest and dividends	65,757	
Net depreciation	(2,089,744)	
Benefits paid to participants	(918,359)	
Administrative expenses	<u>(6,986)</u>	
		<u>\$ (2,068,625)</u>

## NOTES TO FINANCIAL STATEMENTS

### WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Years Ended September 30, 2024 and 2023

#### NOTE F - LOAN PAYABLE

In 2004, the Plan entered into a \$2,584,893 term loan agreement with Wilson Senior Care, Inc. The proceeds of the loan were used to purchase 92,022 shares of the Company's common stock. Unallocated shares were collateral for the loan. The agreement provided for the loan to be repaid over seven years. The loan interest rate was 4.5% per annum. This loan was paid off during the year ended September 30, 2011.

In 2009, the Plan entered into a \$1,669,264 term loan agreement with Wilson Senior Care, Inc. The proceeds of this loan were used to purchase the remaining 58,264 shares of the Company's common stock. Unallocated shares of this tranche of stock were collateral for the loan. The agreement provided for the loan to be repaid over fifteen years. The loan was at an interest rate of 6% per annum. This loan was paid off during the year ended September 30, 2023.

#### NOTE G - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in Company common stock and has indebtedness guaranteed by the Company. These are related-party and party-in-interest transactions. As described in Note A, the Company and Plan share administrative expenses related to the Plan. The Plan has a number of service providers. Such parties are parties-in-interest under ERISA.

#### NOTE H - RISKS AND UNCERTAINTIES

The Plan investments consist primarily of the Company's common stock, which is exposed to various risks, including interest rate, market, and credit risks, as well as valuation assumptions based on earnings and cash flows. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

#### NOTE I - PLAN TERMINATION

The Company reserves the right to terminate the Plan at any time, subject to Plan provisions. Upon termination of the Plan, the Plan Committee directs the Trustee to pay all liabilities and expenses of the ESOP and to sell shares of financed common stock held as collateral to the extent it determines such sale to be necessary in order to repay the loan. Subsequently, the interest of each participant in the trust fund will be distributed to such participant or his or her beneficiary at the time prescribed by the Plan terms and the IRC.

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE J - TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated April 19, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the third-party administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of September 30, 2024, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE K - SUBSEQUENT EVENTS

Management has evaluated events occurring between the end of the Plan's most recent fiscal year and July 15, 2025, the date the financial statements were available to be issued, and represent that all subsequent events that require disclosure in the financial statements have been adequately disclosed. Subsequent events after that date have not been evaluated. Effective January 1, 2025, the SECURE Act 2.0 offers plan participation to long-term part-time workers. The Plan will evaluate the impact of each of the provisions prior to the effective dates.

NOTE L - ADMINISTRATION OF PLAN ASSETS

The Plan's assets, which consist principally of sponsor company common shares, are held by the Trustee of the Plan.

Company contributions are held and managed by the Trustee, which invests cash received and interest and dividend income, and makes distributions to participants. The Trustee also administers the payment of interest and principal on the loan, which is reimbursed to the Trustee through contributions as determined by the Company.

NOTES TO FINANCIAL STATEMENTS

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

Years Ended September 30, 2024 and 2023

NOTE L - ADMINISTRATION OF PLAN ASSETS--Continued

Certain administrative functions are performed by officers or employees of the Company or its subsidiaries. No such officer or employee receives compensation from the Plan. Administrative expenses for the Trustee's fees are paid directly by the Company.

SUPPLEMENTAL INFORMATION

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD AT END OF YEAR  
SCHEDULE H, LINE 4i

**WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

September 30, 2024

EIN: 57-0798718  
Plan Number 002

(a)	(b)	(c)	(d)	(e)
<u>Identify of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>	
*	Wilson Senior Care, Inc.	Company Stock	\$ 4,254,161	\$ 6,902,636
	Columbia	shares of Columbia Dividend Income	18,807	22,476
	First	shares of First TR Exchange-Traded	5,892	6,048
	Global	shares of Global X FDS X MLP AND	3,746	5,552
	Ishares	shares of Ishares MSCI CDA ETF	4,603	5,730
	Ishares	shares of Ishares TR Core MSCI EAF	5,197	5,698
	Ishares	shares of Ishares Inc MSCI	4,298	5,683
	JP Morgan	shares of JP Morgan Large Cap	4,712	5,813
	Kopernik	shares of International	11,771	11,409
	Vanguard	shares of Growth Fund	9,797	17,277
	Vanguard	shares of Value Fund	15,730	22,520
	Wisdomtree	shares of Wisdomtree India	5,231	5,651

\* Denotes party-in-interest to the Plan

See Independent Auditors' Report and Notes to Financial Statements.

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD AT END OF YEAR  
SCHEDULE H, LINE 4i

**WILSON SENIOR CARE, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN**

September 30, 2024

EIN: 57-0798718  
Plan Number 002

(a)	(b)	(c)	(d)	(e)
<u>Identify of Issue, Borrower, Lessor or</u>	<u>Similarity Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	Agnico Eagle Mines LTD	9 shares of common stock	560	725
	Alphabet Inc SHS CL A	14 shares of common stock	1,330	2,322
	Amazon.com Inc	9 shares of common stock	1,439	1,677
	Amphenol Corp CL A	17 shares of common stock	798	1,108
	Apple Inc.	20 shares of common stock	2,778	4,660
	Blackrock, Inc.	2 shares of common stock	1,468	1,899
	Boston Scientific Corp	18 shares of common stock	913	1,508
	Broadcom Inc	6 shares of common stock	343	1,035
	Cencora Inc	3 shares of common stock	711	675
	Conocophillips	5 shares of common stock	285	526
	Costco Wholesale Corporation	2 shares of common stock	968	1,773
	Eli Lilly & Co	1 shares of common stock	609	886
	Entergy Corp New	5 shares of common stock	647	658
	Exxon Mobil Corp	13 shares of common stock	1,446	1,524
	Ferrari NV	2 shares of common stock	598	940
	Hilton Worldwide Holdings Inc	4 shares of common stock	556	922
	Home Depot, Inc.	3 shares of common stock	918	1,216
	Honeywell International, Inc.	2 shares of common stock	407	413
	Howmet Aerospace Inc	10 shares of common stock	555	1,003
	Intercontinental	4 shares of common stock	594	643
	Johnson Controls Inter	7 shares of common stock	531	543
	JPMorgan Chase & Co	9 shares of common stock	1,086	1,898
	Kenvue Inc	29 shares of common stock	576	671
	Martin Marietta Matls	1 shares of common stock	594	538
	McDonalds Corp	2 shares of common stock	534	609
	Microsoft Corp	11 shares of common stock	2,524	4,733
	Netflix Com Inc	1 shares of common stock	403	709
	Nvidia	34 shares of common stock	761	4,129
	Palo Alto Networks Inc	3 shares of common stock	432	1,025
	Parker Hannifin	3 shares of common stock	983	1,895
	Procter & Gamble Co	5 shares of common stock	796	866
	Progressive CRP Ohio	5 shares of common stock	638	1,269
	Prologis Inc	9 shares of common stock	1,029	1,137
	Ross Stores Inc	6 shares of common stock	722	903
	S&P Global Inc	3 shares of common stock	1,260	1,550
	Schlumberger LTD	22 shares of common stock	953	923
	ServiceNow Inc	1 shares of common stock	469	894
	Tesla Inc	5 shares of common stock	919	1,308
	Thermo Fisher Scientific, Inc.	1 shares of common stock	575	619
	Toronto Dominion Bank	10 shares of common stock	666	633
	Union Pacific Corp	3 shares of common stock	678	739
	United Rentals Inc	1 shares of common stock	490	810
	Visa, Inc. - Class A	6 shares of common stock	1,218	1,650
	Walmart Inc	25 shares of common stock	1,388	2,019
	Welltower Inc	8 shares of common stock	657	1,024
	WSTN Digital Corp	12 shares of common stock	705	819
	Zoetis Inc	8 shares of common stock	1,174	1,563

\* Denotes party-in-interest to the Plan

See Independent Auditors' Report and Notes to Financial Statements.

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD AT END OF YEAR  
SCHEDULE H, LINE 4i

WILSON SENIOR CARE, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN

September 30, 2024

EIN: 57-0798718  
Plan Number 002

(a)	(b)	(c)	(d)	(e)
<u>Identify of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>	
BMW BK North America	CD \$140,000, Maturity Date June 9, 2025, Interest 4.00%	140,000	140,507	
UBS Bank USA	CD \$143,000, Maturity Date June 9, 2025, Interest 4.90%	143,000	143,606	
U.S. Treasury Note	0.500%, Mar 31, 2025	11,476	11,773	
U.S. Treasury Note	2.250%, Nov 15, 2025	11,139	10,804	
U.S. Treasury Note	0.750%, Aug 31, 2026	4,993	4,733	
U.S. Treasury Note	2.750%, Jul 31, 2027	16,845	16,621	
U.S. Treasury Note	3.125% Aug 31, 2027	13,791	13,827	
U.S. Treasury Note	1.250% May 31, 2028	3,639	3,682	
U.S. Treasury Note	2.750% May 31, 2029	8,602	8,679	
U.S. Treasury Note	1.625%, May 15, 2031	9,357	8,816	
U.S. Treasury Note	1.875% Feb 15, 2032	4,819	4,416	
U.S. Treasury Note	2.750% Aug 15, 2032	2,763	2,803	
U.S. Treasury Note	4.125% Nov 15, 2032	3,127	3,086	
U.S. Treasury Note	3.375% May 15, 2033	5,759	5,833	
U.S. Treasury Note	3.875% Aug 15, 2033	7,644	8,064	
U.S. Treasury Note	4.375%, May 15, 2034	1,054	1,047	
FNMA PFM8347	Amortized Factor .442499200	468	430	
FNMA PFM6946	Amortized Factor .385829600	3,683	3,381	
FNMA PFS0387	Amortized Factor .464891100	476	455	
FHLMC SB 8021	Amortized Factor .191518200	181	185	
FNMA PFM7614	Amortized Factor .432870800	457	422	
FNMA PMA4014	Amortized Factor .272325500	285	262	
FHLMC SB 0361	Amortized Factor .351356700	345	338	
FNMA PFM5910	Amortized Factor .421121100	400	406	
FNMA PFS1642	Amortized Factor .637125500	613	617	
FHLMC SB 1109	Amortized Factor .915578900	861	885	
FNMA PMA4666	Amortized Factor .760590700	712	729	
FNMA PFS4928	Amortized Factor .913431100	10,914	11,119	
FNMA PMA4182	Amortized Factor .693047500	7,882	6,345	
FHLMC SD 8129	Amortized Factor .602576100	10,167	8,386	
FNMA PMA4255	Amortized Factor .734298400	2,279	1,830	
FNMA PMA4327	Amortized Factor .573380500	1,213	1,040	
FHLMC SD 8156	Amortized Factor .754607700	779	655	
FHLMC SD 8157	Amortized Factor .652695300	687	591	
FNMA PFM8104	Amortized Factor .743150300	636	668	
FNMA PMA4379	Amortized Factor .748994400	764	651	
FHLMC SD 8161	Amortized Factor .767534200	800	666	
FNMA PMA4398	Amortized Factor .814641100	825	676	
FHLMC SD 8168	Amortized Factor .711169000	745	642	
FNMA PFS1630	Amortized Factor .880914300	751	760	
FNMA PMA4414	Amortized Factor .777550400	809	677	
FNMA PFS5125	Amortized Factor .922396900	1,517	1,592	
FNMA PMA4437	Amortized Factor .833646200	690	692	
FHLMC SD 8177	Amortized Factor .842127500	694	697	
FNMA PMA4465	Amortized Factor .843242800	670	700	

\* Denotes party-in-interest to the Plan

See Independent Auditors' Report and Notes to Financial Statements.

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD AT END OF YEAR  
SCHEDULE H, LINE 4i

**WILSON SENIOR CARE, INC.**  
**EMPLOYEE STOCK OWNERSHIP PLAN**

September 30, 2024

EIN: 57-0798718  
Plan Number 002

(a)	(b)	(c)	(d)	(e)
<u>Identify of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>	
FHLMC SD 8182	Amortized Factor .849354800	849	703	
FNMA PMA4493	Amortized Factor .818984100	4,199	3,563	
FHLMC SD 0856	Amortized Factor .879486800	771	731	
FNMA PFS0349	Amortized Factor .834041100	796	699	
FNMA PFS4371	Amortized Factor .917274800	828	855	
FNMA PMA4548	Amortized Factor .844016300	2,263	2,190	
FNMA PFS1374	Amortized Factor .853333000	13,734	13,812	
FNMA PMA4564	Amortized Factor .827781000	814	745	
FHLMC SD 8204	Amortized Factor .882896900	698	731	
FNMA PMA4578	Amortized Factor .869356300	805	752	
FNMA PMA4579	Amortized Factor .856481400	757	770	
FNMA PFS5387	Amortized Factor .946601000	787	817	
FNMA PMA4599	Amortized Factor .876850100	774	787	
FHLMC SD 8220	Amortized Factor .884597200	793	795	
FHLMC SD 8225	Amortized Factor .901661300	1,554	1,621	
FHLMC SD 8234	Amortized Factor .913750600	757	789	
FHLMC SD 8243	Amortized Factor .901248100	13,623	14,271	
FHLMC SD 8264	Amortized Factor .903304800	831	840	
FHLMC SD 8342	Amortized Factor .912098800	10,667	11,075	
US Bancorp	GLB 01.450% MAY 12 2025	4,015	3,927	
Truist Financial Corp	SER MTN 01.200% AUG 05 2025	8,020	7,778	
JPMorgan Chase & Co	GLB VAR% FEB 24 2026	5,733	5,941	
Abbvie Inc	GLB 3.2% MAY 14 2026	5,069	4,936	
Shire Acq Inv Ireland Da	Company Guarnt GLB 3.2% SEP 23 2026	1,941	1,969	
Goldman Sachs Group Inc	GLB .3850% JAN 26 2027	3,054	2,974	
Wells Fargo & Company	SUBD SER GMTN GLB 4.3% JUL 22 2027	5,024	5,012	
Parker-Hannifin Corp	4.250% SEP 15 2027	3,017	3,010	
Capitol One Financial Co	GLB VAR%JUN 08 2029	2,947	3,160	
Micron Technology Inc	GLB 06.750% NOV 01 2029	2,128	2,197	
HCA Inc	Company Guarnt GLB 03.625% MAR 15 2032	2,598	2,774	
UnitedHealth Group Inc	GLB 4.50 % APR 15 2033	2,936	3,013	
CVS Health Corp	GLB 05.700%JUN 01 2034	3,044	3,130	
Home Depot Inc	GLB 04.950%JUN 25 2034	2,010	2,079	
Charles Schwab Corp	GLB VAR%JUL 24 2034	2,035	2,186	
Kroger Co	GLB 05.000% SEP 15 2034	4,055	4,033	
HP Enterprise Co	GLB 05.000% OCT 15 2034	1,994	1,980	
Morgan Stanley	GLB VAR%JUL 19 2035	2,994	3,115	
* Merrill Lynch	Cash	7,177	7,177	
Truist	Cash	258,672	258,672	

\* Denotes party-in-interest to the Plan

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