

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
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
1a	Name of plan WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 10/01/2003
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WILSON SENIOR CARE, INC. 116 CASHUA STREET DARLINGTON, SC 29532
2b	Employer Identification Number (EIN) 57-0798718
2c	Plan Sponsor's telephone number 843-393-9925
2d	Business code (see instructions) 621610

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2026	SUSAN WEESNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor WILSON SENIOR CARE, INC. 116 CASHUA STREET DARLINGTON, SC 29532		3b Administrator's EIN 57-0798718																																																																																																														
		3c Administrator's telephone number 843-393-9925																																																																																																														
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN																																																																																																														
		4d PN																																																																																																														
5 Total number of participants at the beginning of the plan year		5 536																																																																																																														
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr><tr><td>6a(1)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>344</td></tr><tr><td>6a(2)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>383</td></tr><tr><td>6b</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>57</td></tr><tr><td>6c</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>105</td></tr><tr><td>6d</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>545</td></tr><tr><td>6e</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr><tr><td>6f</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>546</td></tr><tr><td>6g(1)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>483</td></tr><tr><td>6g(2)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>534</td></tr><tr><td>6h</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>18</td></tr></table>											6a(1)									344	6a(2)									383	6b									57	6c									105	6d									545	6e									1	6f									546	6g(1)									483	6g(2)									534	6h									18
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6h									18																																																																																																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7																																																																																																														

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

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:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

(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	5261	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 10/01/2024 and ending 09/30/2025

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

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
a Total noninterest-bearing cash	1a	258672	245321
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	587138	596
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3938	1608
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7177	1105294
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	730000	514898
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	6902636	8614394
(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	8489561	10482111
Liabilities			
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
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8489561	10482111

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	927570	
(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)		927570
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	54917	
(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)		54917
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(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)		
(5) Unrealized appreciation (depreciation) of assets:	2b(5)(A)		
(B) Other	2b(5)(B)	1743004	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2725491

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	727498	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		727498
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	5443	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5443
j Total expenses. Add all expense amounts in column (b) and enter total	2j		732941

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1992550
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 WILSON SENIOR CARE, INC.	D Employer Identification Number (EIN) 57-0798718	

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 51-0528951		
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	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☒ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☒ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☒ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☒ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION

WILSON SENIOR CARE, INC.
EMPLOYEE STOCK OWNERSHIP PLAN

Darlington, South Carolina

September 30, 2025 and 2024



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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended September 30, 2025, 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, 2025 and 2024, and the changes in its net assets available for benefits for the year ended September 30, 2025, 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.

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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 the 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.

Schmayer and Company, LLC

Columbia, South Carolina
July 14, 2026

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

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

	September 30, 2025			September 30, 2024		
	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>
ASSETS						
Cash	\$ 245,321	\$ --	\$ 245,321	\$ 258,875	\$ --	\$ 258,875
Investments, at fair value						
Sponsor company common stock	8,614,394	--	8,614,394	6,902,636	--	6,902,636
Money market	1,105,294	--	1,105,294	6,974	--	6,974
Common stock	85,942	--	85,942	61,589	--	61,589
Mutual funds	154,183	--	154,183	113,857	--	113,857
Certificates of deposit	--	--	--	284,113	--	284,113
Government and agency securities	214,921	--	214,921	207,227	--	207,227
Corporate bonds	59,852	--	59,852	63,214	--	63,214
Receivables						
Dividends and interest	1,608	--	1,608	3,938	--	3,938
Employer contributions	596	--	596	587,138	--	587,138
	10,482,111	--	10,482,111	8,489,561	--	8,489,561
LIABILITIES						
	--	--	--	--	--	--
NET ASSETS						
AVAILABLE FOR BENEFITS	<u>\$10,482,111</u>	<u>\$ --</u>	<u>\$10,482,111</u>	<u>\$ 8,489,561</u>	<u>\$ --</u>	<u>\$ 8,489,561</u>

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, 2025

	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>
ADDITIONS TO NET ASSETS			
Investment income			
Net unrealized depreciation in fair value of investments	\$ 1,743,004	\$ --	\$ 1,743,004
Interest and dividends	54,917	--	54,917
Employer contributions	<u>927,570</u>	<u>--</u>	<u>927,570</u>
TOTAL ADDITIONS TO NET ASSETS	<u>2,725,491</u>	<u>--</u>	<u>2,725,491</u>
DEDUCTIONS FROM NET ASSETS			
Distributions to participants	727,498	--	727,498
Administrative expense	<u>5,443</u>	<u>--</u>	<u>5,443</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>732,941</u>	<u>--</u>	<u>732,941</u>
NET INCREASE	1,992,550	--	1,992,550
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year	<u>8,489,561</u>	<u>--</u>	<u>8,489,561</u>
END OF YEAR	<u>\$ 10,482,111</u>	<u>\$ --</u>	<u>\$ 10,482,111</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, 2025 and 2024

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. However, because all acquisition indebtedness was fully satisfied prior to October 1, 2023, the Plan operated as a non-leveraged ESOP during the plan years ended September 30, 2025 and 2024. 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, 2025 and 2024

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 2025 and 2024, the Company repurchased 14,067 and 13,554 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, 2025 and 2024

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.

Investment Rebalancing Policies

The Plan provides for the systemic rebalancing of participant accounts between the Sponsor Company Stock Account and the Other Investments Account (diversified mutual funds and cash equivalents). Rebalancing occurs periodically at the direction of the Plan Administrator to ensure adequate trust liquidity for upcoming participant distributions, to fulfill mandatory statutory diversification requirements, and to execute internal stock repurchase obligations.

NOTES TO FINANCIAL STATEMENTS

WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Years Ended September 30, 2025 and 2024

NOTE A - DESCRIPTION OF PLAN--Continued

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, 2025 totaled \$72,452.

Plan Amendments

The Plan had the below amendments for 2025 and none for 2024. The Plan was restated at October 1, 2024:

Automated Stock Rebalancing Framework - Effective retroactively to the restated plan year beginning October 1, 2023, the Plan was amended to establish an automated stock rebalancing system following the conclusion of each Plan Year. This protocol requires an equivalent market value exchange between investment asset classes within the Trust, liquidating a portion of the Sponsor Company common stock account to buy diversified assets, ensuring a more equitable allocation of Company stock among all active plan participants. These transactions represent non-cash intra-plan account exchanges that do not alter the overall Net Assets Available for Benefits.

In-Service Distributions - Effective October 1, 2024, the Plan updated and clarified its provisions surrounding in-service distributions. Eligible active participants who have met specified plan milestones or attained the designated age requirements may elect to receive an in-service distribution from their vested account balances, subject to the conditions and transactional limits defined within the Plan document.

SECURE 2.0 Statutory Updates - The Plan was amended to align with the operational mandates of the SECURE 2.0 Act of 2022. This statutory change adjusts the Applicable Age tracking for Required Minimum Distributions (RMDs) under IRC Section 401(a)(9)(C), establishing the mandatory distribution trigger age up to age 73 (for individuals born after December 31, 1950) and progressing up to age 75 (for individuals born on or after January 1, 1960).

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NOTES TO FINANCIAL STATEMENTS

WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Years Ended September 30, 2025 and 2024

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

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.

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>2025</u>		<u>2024</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>\$ 8,614,394</u>	<u>\$ --</u>	<u>\$ 6,902,636</u>	<u>\$ --</u>

NOTES TO FINANCIAL STATEMENTS

WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Years Ended September 30, 2025 and 2024

NOTE C - INVESTMENTS--Continued

During 2025, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,743,004 as follows:

Mutual funds and common stocks	\$ 31,246
Sponsor company common stock	<u>1,711,750</u>
	<u>\$ 1,743,004</u>

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.

NOTES TO FINANCIAL STATEMENTS

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

Years Ended September 30, 2025 and 2024

NOTE D - FAIR VALUE MEASUREMENTS--Continued

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

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, 2025</u>	<u>Fair Value</u>			
Money market	\$ 1,105,294	\$1,105,294	\$ --	\$ --
Mutual funds	154,183	154,183	--	--
Common stocks	85,942	85,942	--	--
Sponsor company common stock	8,614,394	--	--	8,614,394
Certificates of deposit	--	--	--	--
Government and agency securities	214,921	--	214,921	--
Corporate bonds	<u>59,852</u>	<u>--</u>	<u>59,852</u>	<u>--</u>
Total	<u>\$10,234,586</u>	<u>\$1,345,419</u>	<u>\$ 274,773</u>	<u>\$ 8,614,394</u>
<u>September 30, 2024</u>	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Money market	\$ 6,974	\$ 6,974	\$ --	\$ --
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>\$ 7,639,610</u>	<u>\$ 182,420</u>	<u>\$ 554,554</u>	<u>\$ 6,902,636</u>

NOTES TO FINANCIAL STATEMENTS

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

Years Ended September 30, 2025 and 2024

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, 2025 and 2024:

Sponsor Company Common Stock

September 30, 2025

Beginning balance	\$ 6,902,636
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	1,711,758
Purchases, issuances, settlements, and transfers from unallocated to allocated (net)	<u> -- </u>
Ending balance	<u>\$ 8,614,394</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>\$ 1,711,758</u>

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>

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, 2025 and 2024

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, 2025, there were no significant transfers into or out of Level 3.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

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.

Instrument	Fair Value	Principle Valuation Technique	Unobservable Inputs
Wilson Senior Care, Inc. common stock	\$ 8,614,394	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, 2025 and 2024

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>2025</u>	<u>2024</u>
Net assets:		
Sponsor company common stock	\$ 8,614,394	\$ 6,902,636
Money market	1,105,294	6,974
Mutual funds	154,183	113,857
Common stocks	85,942	61,589
Certificate of deposit	--	284,113
Government and agency securities	214,921	207,227
Corporate bonds	<u>59,852</u>	<u>63,214</u>
	<u>\$ 10,234,586</u>	<u>\$ 7,639,610</u>
	Year Ended	
	September 30, 2025	
Changes in net assets:		
Contributions	\$ 927,570	
Interest and dividends	54,917	
Net appreciation	1,743,004	
Benefits paid to participants	(727,498)	
Administrative expenses	<u>(5,443)</u>	
	<u>\$ 1,992,550</u>	

NOTES TO FINANCIAL STATEMENTS

WILSON SENIOR CARE, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Years Ended September 30, 2025 and 2024

NOTE F - RECEIVABLE FROM EMPLOYER CONTRIBUTIONS

As of September 30, 2025 and 2024, the Plan reflected an accounts receivable from the Plan Sponsor (the "Company") totaling \$596 and \$587,138, respectively. The fiscal year 2025 balance of \$596 represents an amount due from the Company resulting from an overpayment to a participant account with a zero balance. The fiscal year 2024 balance of \$587,138 represented the remaining portion of the Company's discretionary cash contribution allocated to the Plan for the 2024 plan year, which was declared prior to year-end but not yet funded to the trust. These receivables are non-interest bearing, unsecured, and due on demand. The September 30, 2024 balance was subsequently funded in full by the Company on November 6, 2024.

NOTE H - 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 I - 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 J - 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, 2025 and 2024

NOTE K - 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, 2025, 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 L - SUBSEQUENT EVENTS

Management has evaluated events occurring between the end of the Plan's most recent fiscal year and July 14, 2026, 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.

NOTE M - 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.

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, 2025

EIN: 57-0798718
Plan Number 002

(a)	(b)	(c)	(d)	(e)
	<u>Identify of Issue, Borrower, Lessor or</u> <u>Similary Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
*	Wilson Senior Care, Inc.	Company Stock	\$ 4,254,161	\$ 8,614,394
	Columbia	734.183 shares of Columbia Dividend Income	22,668	27,033
	First	81 shares of First TR Exchange-Traded	5,892	7,831
	Global	107 shares of Global X FDS X MLP AND	3,986	6,710
	Global	109 shares of Global X FDS Global X	6,692	7,656
	Ishares	158 shares of Ishares MSCI CDA ETF	5,488	7,987
	Ishares	89 shares of Ishares TR Core MSCI EAF	6,353	7,771
	Ishares	115 shares of Ishares Inc MSCI	5,630	7,764
	JP Morgan	86.013 shares of JP Morgan Large Cap	5,513	7,973
	Kopernik	877.896 shares of International	12,742	16,144
	Vanguard	49 shares of Growth Fund	11,956	23,501
	Vanguard	146 shares of Value Fund	19,855	27,228
	Wisdomtree	149 shares of Wisdomtree India	6,951	6,585

* 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, 2025

EIN: 57-0798718
Plan Number 002

(a)	(b)	(c)	(d)	(e)
	<u>Identify of Issue, Borrower, Lessor or Similary Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	Abbvie Inc SHS	6 shares of common stock	1,130	1,389
	Agnico Eagle Mines LTD	4 shares of common stock	271	674
	Alphabet Inc SHS CL A	16 shares of common stock	1,659	3,890
	Amazon.com Inc	11 shares of common stock	1,810	2,415
	Amphenol Corp CL A	15 shares of common stock	811	1,856
	Apple Inc.	24 shares of common stock	3,872	6,111
	Bank New York Mellon	13 shares of common stock	1,146	1,417
	Blackrock, Inc.	2 shares of common stock	1,468	2,332
	Boston Scientific Corp	22 shares of common stock	1,521	2,148
	Broadcom Inc	9 shares of common stock	1,049	2,969
	Cencora Inc	3 shares of common stock	711	938
	Conocophillips	8 shares of common stock	702	757
	Costco Wholesale Corporation	2 shares of common stock	968	1,851
	Dicks Sporting Goods	3 shares of common stock	676	667
	Eli Lilly & Co	2 shares of common stock	1,357	1,526
	Entergy Corp New	12 shares of common stock	812	1,118
	Exxon Mobil Corp	20 shares of common stock	2,248	2,255
	Ferrari NV	2 shares of common stock	598	970
	Goldman Sachs Group Inc	2 shares of common stock	1,413	1,593
	Hilton Worldwide Holdings Inc	3 shares of common stock	530	778
	Home Depot, Inc.	3 shares of common stock	1,051	1,216
	Howmet Aerospace Inc	7 shares of common stock	451	1,374
	Intercontinental	7 shares of common stock	1,081	1,179
	Johnson Controls Inter	11 shares of common stock	856	1,209
	JPMorgan Chase & Co	10 shares of common stock	1,334	3,154
	Live Nation Ent Inc	5 shares of common stock	711	817
	Martin Marietta Matls	2 shares of common stock	1,160	1,261
	Meta Platforms Inc	2 shares of common stock	1,452	1,469
	Microsoft Corp	13 shares of common stock	3,437	6,733
	Netflix Com Inc	2 shares of common stock	1,304	2,398
	Nvidia	33 shares of common stock	1,337	6,157
	Palo Alto Networks Inc	6 shares of common stock	432	1,222
	Parker Hannifin	3 shares of common stock	983	2,275
	Procter & Gamble Co	8 shares of common stock	1,311	1,229
	Progressive CRP Ohio	4 shares of common stock	521	988
	Ross Stores Inc	10 shares of common stock	1,298	1,524
	S&P Global Inc	3 shares of common stock	1,260	1,460
	Tesla Inc	3 shares of common stock	548	1,334
	Thermo Fisher Scientific, Inc.	1 shares of common stock	490	485
	Union Pacific Corp	5 shares of common stock	1,111	1,182
	Verizon Communications Com	29 shares of common stock	1,259	1,275
	Visa, Inc. - Class A	6 shares of common stock	1,325	2,048
	Walmart Inc	24 shares of common stock	1,464	2,473
	Welltower Inc	8 shares of common stock	711	1,425
	WSTN Digital Corp	20 shares of common stock	810	2,401

* 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, 2025

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>
	U.S. Treasury Note	2.250%, Nov 15, 2025	9,011	8,981
	U.S. Treasury Note	0.750%, Aug 31, 2026	4,993	4,866
	U.S. Treasury Note	2.750%, Jul 31, 2027	16,845	16,734
	U.S. Treasury Note	3.125%, Aug 31, 2027	13,791	13,870
	U.S. Treasury Note	1.250%, May 31, 2028	8,285	8,461
	U.S. Treasury Note	4.625%, Apr 30, 2029	8,131	8,255
	U.S. Treasury Note	2.750%, May 31, 2029	8,602	8,717
	U.S. Treasury Note	3.625%, Aug 31, 2029	5,941	5,985
	U.S. Treasury Note	3.625%, Mar 31, 2030	11,752	11,951
	U.S. Treasury Note	3.875%, Apr 30, 2030	1,997	2,013
	U.S. Treasury Note	1.625%, May 15, 2031	9,351	8,904
	U.S. Treasury Note	3.750%, Aug 31, 2031	2,936	2,986
	U.S. Treasury Note	1.875%, Feb 15, 2032	4,819	4,436
	U.S. Treasury Note	2.750%, Aug 15, 2032	2,763	2,789
	U.S. Treasury Note	4.125%, Nov 15, 2032	3,114	3,035
	U.S. Treasury Note	3.375%, May 15, 2033	3,824	3,842
	U.S. Treasury Note	3.875%, Aug 15, 2033	7,644	7,934
	U.S. Treasury Note	4.375%, May 15, 2034	1,049	1,023
	U.S. Treasury Note	4.250%, May 15, 2035	1,987	2,018
	FNMA PFS4928	Amortized Factor .829090900	9,906	9,873
	FNMA PMA4182	Amortized Factor .647453200	7,363	5,801
	FHLMC SD 8129	Amortized Factor .557830900	1,176	949
	FNMA PMA4255	Amortized Factor .687637000	2,134	1,676
	FHLMC SD 3984	Amortized Factor .898861900	700	725
	FNMA PMA4327	Amortized Factor .514414000	1,088	911
	FHLMC SD 8156	Amortized Factor .697532300	720	593
	FHLMC SD 8157	Amortized Factor .593993700	626	525
	FNMA PFM8104	Amortized Factor .676552900	579	596
	FNMA PMA4379	Amortized Factor .690985600	705	586
	FHLMC SD 8161	Amortized Factor .710667500	740	603
	FNMA PMA4398	Amortized Factor .760991200	770	618
	FHLMC SD 8168	Amortized Factor .642629200	673	568
	FNMA PFS1630	Amortized Factor .833092200	711	703
	FNMA PMA4414	Amortized Factor .718077900	747	610
	FNMA PFS5125	Amortized Factor .861033000	1,416	1,453
	FNMA PMA4437	Amortized Factor .780033700	645	633
	FHLMC SD 8177	Amortized Factor .788664300	650	640
	FNMA PMA4465	Amortized Factor .791368000	628	642
	FHLMC SD 8182	Amortized Factor .795851400	796	645
	FNMA PMA4493	Amortized Factor .757823400	3,886	3,215
	FHLMC SD 0856	Amortized Factor .815687500	715	662
	FNMA PFS0349	Amortized Factor .777283900	742	635
	FNMA PFS4371	Amortized Factor .824061500	744	756
	FNMA PMA4548	Amortized Factor .782437000	2,098	1,985
	FNMA PFS1374	Amortized Factor .799576400	12,869	12,672

* 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, 2025

EIN: 57-0798718
Plan Number 002

(a)	(b)	(c)	(d)	(e)
	<u>Identify of Issue, Borrower, Lessor or Similary Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	FNMA PMA4564	Amortized Factor .759652400	747	670
	FHLMC SD 8204	Amortized Factor .828477500	655	670
	FNMA PMA4578	Amortized Factor .806857600	747	683
	FNMA PMA4579	Amortized Factor .791460600	700	698
	FNMA PFS4815	Amortized Factor .858923700	745	755
	FNMA PFS5387	Amortized Factor .892430500	742	753
	FNMA PMA4599	Amortized Factor .814697500	719	718
	FHLMC SD 8220	Amortized Factor .823220800	738	724
	FNMA PFS9860	Amortized Factor .952421900	753	771
	FHLMC SD 6647	Amortized Factor .946073900	856	867
	FHLMC SD 8225	Amortized Factor .841398500	1,450	1,480
	FNMA PFS7879	Amortized Factor .919291800	751	776
	FHLMC SD 8234	Amortized Factor .855060400	708	722
	FHLMC SD 8235	Amortized Factor .836050200	1,427	1,471
	FHLMC SD 8243	Amortized Factor .838040000	12,667	13,048
	FNMA PFS6599	Amortized Factor .888706600	2,370	2,439
	FHLMC SD 8264	Amortized Factor .836772600	771	766
	FHLMC SD 8342	Amortized Factor .825403300	9,653	10,015
	FNMA PMA5072	Amortized Factor .812052600	805	820
	Abbvie Inc	GLB 3.2% MAY 14 2026	5,027	4,977
	Bank of Nova Scotia	Senior Unsecured 1.35% JUNE 24 2026	3,869	3,924
	Goldman Sachs Group Inc	GLB 3.850% JAN 26 2027	3,031	2,991
	Wells Fargo & Company	SUBD SER GMTN GLB 4.3% JUL 22 2027	3,023	3,011
	JPMorgan Chase & Co	GLB VAR% JAN 24 2029	5,035	5,090
	PNC Financial Services	GLB VAR% JUN 12 2029	3,106	3,109
	Georgia Power Co	GLB 4.55% MAR 15 2030	3,035	3,046
	Broadcom Inc	GLB 4.6% JUL 15 2030	2,003	2,030
	Wells Fargo & Company	GLB VAR% JAN 24 2031	3,064	3,104
	CitiGroup Inc	GLB VAR% MAY 7 2031	2,046	2,038
	HCA Inc	Company Guarnt GLB 3.625% MAR 15 2032	2,598	2,814
	Dell Int LLC/EMC Corp	Company Guarnt GLB 5.3% APR 1 2032	1,976	2,065
	Charles Schwab Corp	GLB VAR% AUG 24 2034	2,033	2,179
	Uber Technologies Inc	GLB 4.8% SEP 15 2034	1,929	2,004
	Rio Tinto Fin USA PLC	Company Guarnt GLB 5.25% MAR 14 2035	2,018	2,061
	Ameren Corp	GLB 5.375% MAR 15 2035	2,057	2,053
	Diamondback Energy Inc	Company Guarnt GLB 5.55% APR 1 2035	1,999	2,053
	Comcast Corp	Company Guarnt GLB 5.3% MAY 15 2035	2,005	2,056
	Morgan Stanley	GLB VAR% JUL 19 2035	2,994	3,096
	Bat Capital Corp	Company Guarnt GLB 5.625% AUG 15 2035	2,014	2,078
	Royalty Pharma PLC	Company Guarnt GLB 5.2% SEP 25 2035	1,990	1,998
	Capital One Financial Co	Subordinated GLB VAR% JAN 30 2036	2,016	2,075
*	Merrill Lynch	Money Market	1,105,294	1,105,294
*	Merrill Lynch	Cash	244	244
	Truist	Cash	245,077	245,077

* Denotes party-in-interest to the Plan

See Independent Auditors' Report and Notes to Financial Statements.