SUNWELS CO., Ltd

FY March 2026

Financial Highlights

Sunwels aims to address societal challenges centered around healthcare and caregiving, including the establishment of specialized facilities like the ‘PD House’ for Parkinson’s disease, working towards the realization of a sustainable society.

May 12, 2026

I. Overview of Financial Results for FY March 2026

II. Forecast for the FY March 31, 2027

III. Business Profile

Overview of Financial Results Financial Summary

Opened 13PD House facilities as planned, totaling 56 facilities in operation (see p. 6)

- Opened in February: PD House Nakano Shirasagi (45 beds)
- As of the end of March 2026, we have completed the opening of a total of 13 facilities and are currently operating a total of 56 facilities (PD Houses).

Landed at 87% occupancy rate for existing facilities and 45% occupancy rate for new facilities (see p. 7)

- Existing facilities struggled to attract customers in January and February, but have shown signs of recovery since March: 86% (end of December 2025) → 87% (end of March 2026)
- New facilities have completed their initial opening phase and are gradually seeing an increase in the number of residents: 39% (end of December 2025) → 45% (end of March 2026)

The number of hires landed at 1,045 (see p. 9)

- Cumulative hires for the third quarter totaled 1,045, with 147 hires coming through referrals.

Continue to strengthen human resource development (see p. 17-18)

- Regularly conduct “Legal Compliance Training” and “Ethics Training” for all employees, including management, and continuously implement compliance education.
- Number of PD License Holders: Level 3 holders: 2,665, Level 2 holders: 461, Level 1 holders: 166 (end of March 2026)

Overview of Financial Results Comparison of forecasts and actual results

■ **Struggled to attract customers during the winter season, resulting in results below budget, but net profit exceeded expectations thanks to a donation from the CEO.**

(Unit: million yen)

	FY 2026/3 forecast (vs. sales)	FY 2026/3 results (vs. sales)	Difference	Achievement Rate
Sales	28,844 (100.0%)	**28,136 (100.0%)**	△708	97.5%
EBITDA	893 (3.1%)	**654 (2.3%)**	△238	73.3%
Operating Income	△1,039 (−)	**△1,223 (−)**	△183	—
Ordinary Income	△2,072 (−)	**△2,168 (−)**	△96	—
Net income	△2,281 (−)	**△1,656 (−)**	+625	—

Overview of Financial Results

Quarterly breakdown of full-year results

■ **While the new operational procedures have generally been adopted, the pace of customer acquisition has slowed, resulting in results that fell short of the budget.**

(Unit: million yen)

	FY 2026/3 1Q results	FY 2026/3 2Q results	FY 2026/3 3Q results	FY 2026/3 4Q results	FY 2026/3 Full-year results
Sales	6,605	6,802	7,327	7,401	**28,136**
EBITDA	△95	△15	291	473	**654**
Operating income	△507	△485	△198	△31	**△1,223**
Ordinary income	△687	△753	△501	△225	**△2,168**
Quarterly (current) net income	△725	△791	△538	398	**△1,656**

Month	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Full-year
Number of PD House facilities opened	−	1	2	1	3	2	2	−	1	−	1	−	13

Overview of Financial Results YoY comparison

■ **Profitability has declined due to a drop in health insurance revenue, costs associated with opening new locations, and delays in attracting customers.**

(Unit: million yen)

	FY 2025/3 results (vs. sales)	FY 2026/3 results (vs. sales)	Increase/Decrease	Percentage increase/decrease
Sales	26,496 (100.0%)	**28,136 (100.0%)**	+1,639	**+6.2%**
EBITDA	2,513 (9.5%)	**654 (2.3%)**	△1,859	**△74.0%**
Operating income	1,114 (4.2%)	**△1,223 (−)**	△2,337	**−**
Ordinary income	388 (1.5%)	**△2,168 (−)**	△2,556	**−**
Net income	△925 (−)	**△1,656 (−)**	△730	**−**
Number of PD House facilities	43	**56**	+13	**+30.2%**

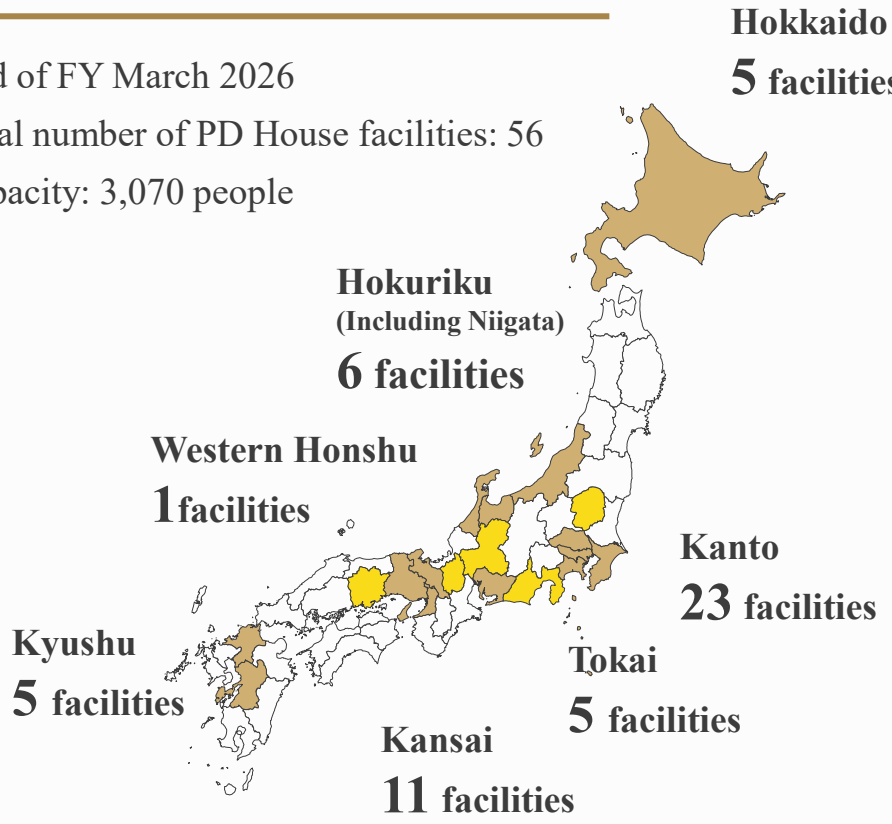
Overview of Financial Results

PD House facility opening plans for FY March 2026

■ **In the fourth quarter, we opened one PD House facility, bringing the total number of facilities we operate to 56.**

Locations of new PD House facilities

End of FY March 2026
Total number of PD House facilities: 56
Capacity: 3,070 people



In the fiscal year ending March 2026, dominant development will be in Kanto (6) and Kansai (2) Newly opened in Shiga, Okayama, Shizuoka, Tochigi, and Gifu prefectures

No.	Planned opening			Prefecture	Name	Format*	Capacity (people)	Occupancy rate End of March 2026
1	2025	1Q	May	Aichi	Sakurayama	Own building (leasehold)	50	30%
2			Jun.	Shiga	Otsu	Building lease	53	60%
3			Jun.	Okayama	Okayama Tatsumi	Building lease	51	55%
4		2Q	Jul.	Shizuoka	Hamamatsu Wagou	Building lease	54	61%
5			Aug.	Tokyo	Shakujii-Koen	Building lease	83	37%
6			Aug.	Chiba	Inage	Own building (leasehold)	54	70%
7			Aug.	Saitama	Higashi-Urawa	Building lease	62	29%
8			Sep.	Hokkaido	Kiyota	Own building (leasehold)	54	61%
9			Sep.	Kanagawa	Chuorinkan	Building lease	66	61%
10		3Q	Oct.	Tochigi	Utsunomiya Hosoyacho	Building lease	60	33%
11			Oct.	Gifu	Gifu	Building lease	54	33%
12			Dec.	Osaka	Otori	Building lease	59	41%
13	2026	4Q	**Feb.**	**Tokyo**	**Nakano Shirasagi**	**Building lease**	**45**	**9%**
						Total	745	

* Building lease: Lease of building and land

Overview of Financial Results

PD House occupancy rate* and number of residents

■ **In January and February 2026, we struggled to attract customers and saw flat growth, but began to recover gradually starting in March.**

FY March 2025

Category	Number of facilities	Capacity (people)		Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Full-year average
Existing PD House facilities (Facilities to be opened by March 2024)	31	1,650	Occupancy rate	93%	93%	94%	94%	95%	95%	94%	94%	93%	92%	92%	91%	93%
			Number of residents	1,528	1,531	1,558	1,559	1,561	1,561	1,553	1,543	1,530	1,523	1,517	1,509	1,539
New PD House facilities (Facilities opened after April 2024)	12	675	Occupancy rate	52%	44%	54%	63%	64%	63%	63%	66%	68%	65%	68%	70%	65%
			Number of residents	26	74	125	146	186	250	319	367	416	440	460	473	274
Number of facilities opened				1	2	1	—	1	2	2	1	1	1	—	—	

FY March 2026

Category	Number of facilities	Capacity (people)		Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Full-year average
Existing PD House facilities (Facilities to be opened by March 2025)	43	2,325	Occupancy rate	86%	86%	86%	87%	86%	86%	86%	87%	86%	86%	86%	87%	86%
			Number of residents	1,995	1,999	2,004	2,019	1,998	2,009	2,010	2,012	2,007	1,998	2,002	2,022	2,006
In (Facilities to be opened by March 2024)	31	1,650	Occupancy rate	91%	91%	91%	91%	90%	90%	90%	90%	90%	89%	89%	89%	90%
			Number of residents	1,509	1,507	1,505	1,505	1,486	1,489	1,482	1,477	1,478	1,470	1,467	1,476	1,488
In (Facilities to be opened in the fiscal year ending March 2025)	12	675	Occupancy rate	72%	73%	74%	76%	76%	77%	78%	79%	78%	78%	79%	81%	77%
			Number of residents	486	492	499	514	512	520	528	535	529	528	535	546	519
New PD House facilities (Facilities opened after April 2025)	13	745	Occupancy rate	—	10%	16%	21%	21%	29%	32%	36%	39%	41%	41%	45%	35%
			Number of residents	—	5	24	44	84	151	203	228	275	289	309	334	177
Number of facilities opened				—	1	2	1	3	2	2	—	1	—	1	—	

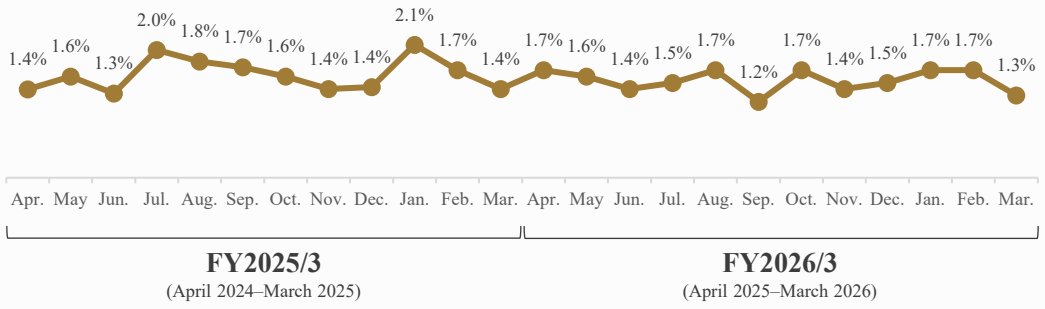
* Occupancy rate = Number of residents at month-end for each facility / Total capacity at each facility

Overview of Financial Results

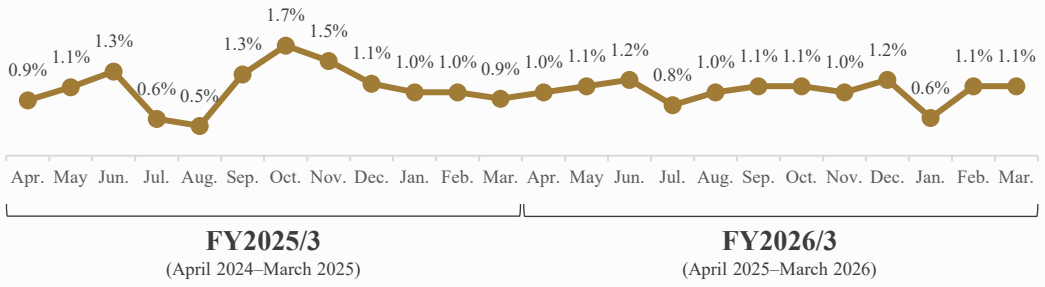
Vacant bed occurrence rate[*1]

■ **The vacancy rate remains stable across the entire company.**

Vacant bed occurrence rate attributable to deaths



Vacant bed occurrence rate attributable to moving out[*2]

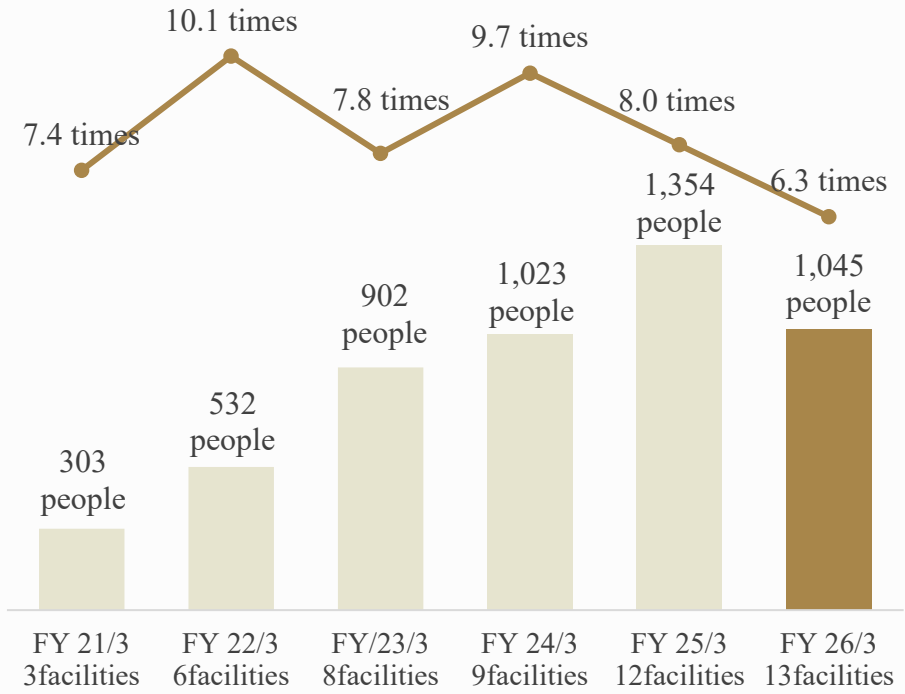


*1 Vacancy rate = number of deaths and patients leaving / number of new occupants at the end of the previous month.
*2 moving out = includes discharges due to hospitalization, discharges due to return home, transfers to other facilities, etc.

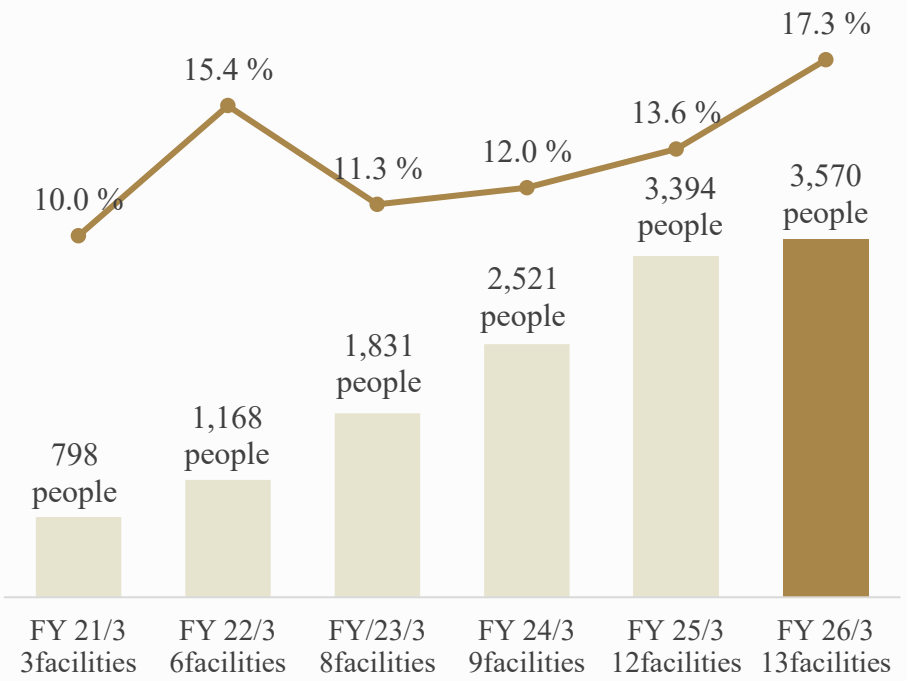
Overview of Financial Results　Hiring Plans

- FY2026 Cumulative hires totaled 1,045, including 147 referral hires (previous term: 1,354 hires, including 261 referral hires)
- The turnover rate settled at 17.3%

Number of new hires / Applicant-to-hire ratio



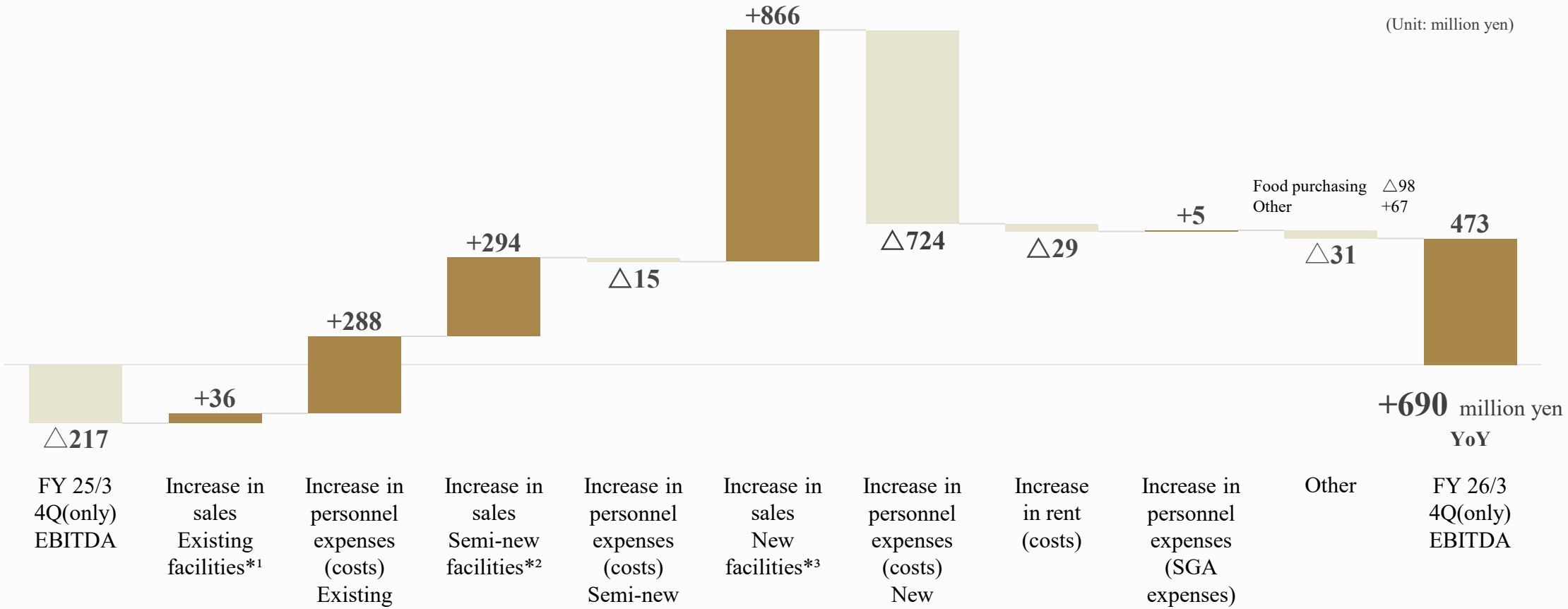
Number of employees at end of period * / The turnover rate



* Year-end total number of employees including temporary staff

Factors Underlying Changes in EBITDA YoY comparison (Fourth quarter only)

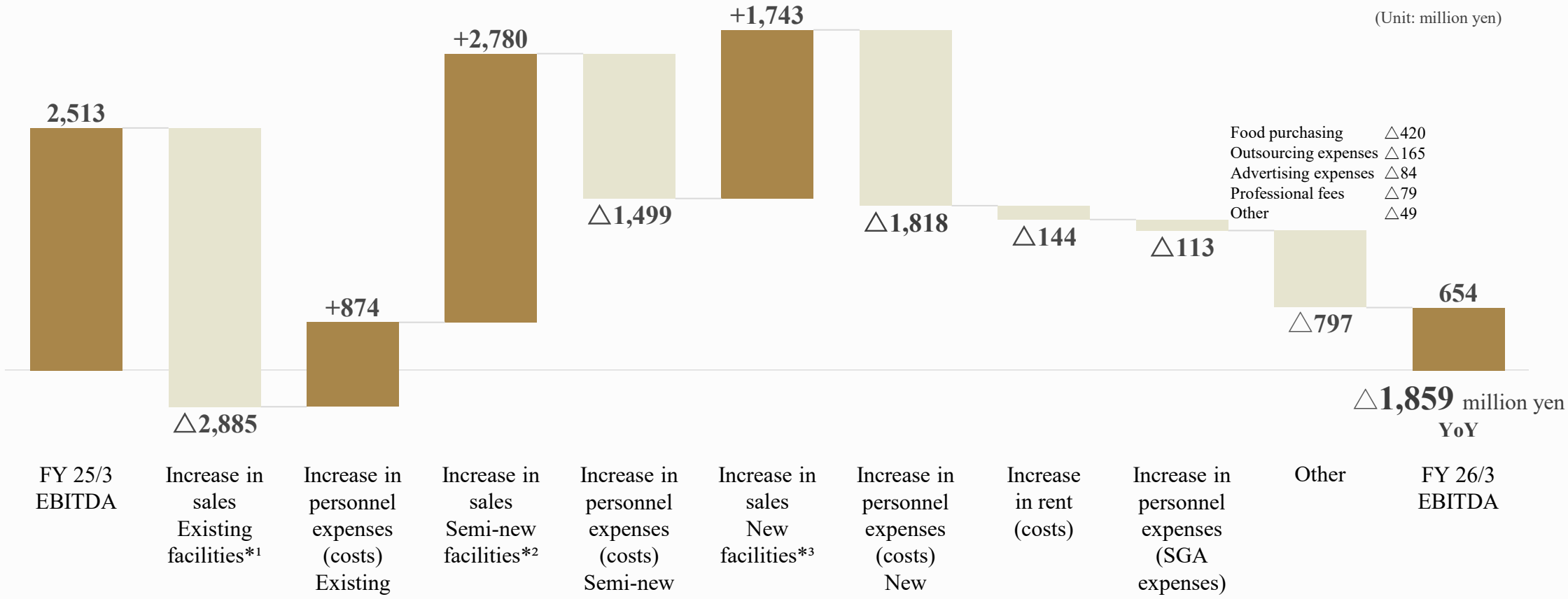
Compared to the fourth quarter of the fiscal year ended March 2025, when we began a major overhaul of our operational structure, EBITDA increased by 690 million yen year-over-year due to staff adjustments at existing facilities (reducing labor costs) and increased revenue resulting from improved occupancy rates at semi-new and new facilities.



* 1 Existing facilities: 31 facilities opened by the FY March 2025 and other projects
* 2 Semi-new facilities: 12 facilities opened in the FY March 2025 fiscal period
* 3 New facilities: 13 facilities opened in the FY March 2026 (including personnel costs for facilities not yet opened)

Factors Underlying Changes in EBITDA YoY comparison (Full year)

- **While the decline in medical reimbursement rates has significantly impacted the profitability of existing facilities, occupancy rates at semi-new and new facilities are gradually improving, contributing to an increase in EBITDA.**



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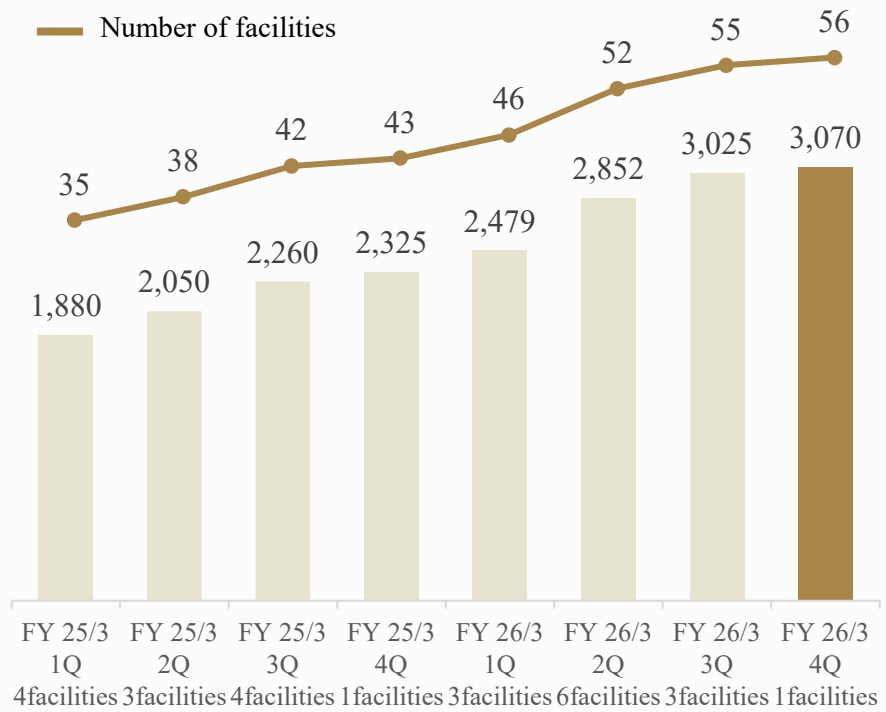
* 3 New facilities: 13 facilities opened in the FY March 2026 (including personnel costs for facilities not yet opened)

Quarterly Trends

Steady quarterly increase in capacity.

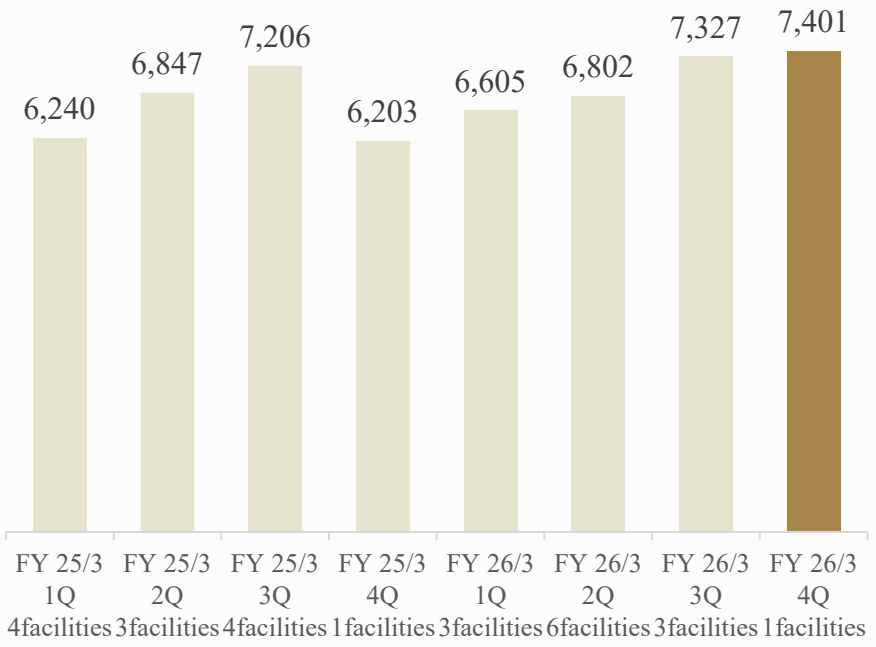
Number of PD House facilities / Capacity

(facilities / people)



Sales

(Million yen)

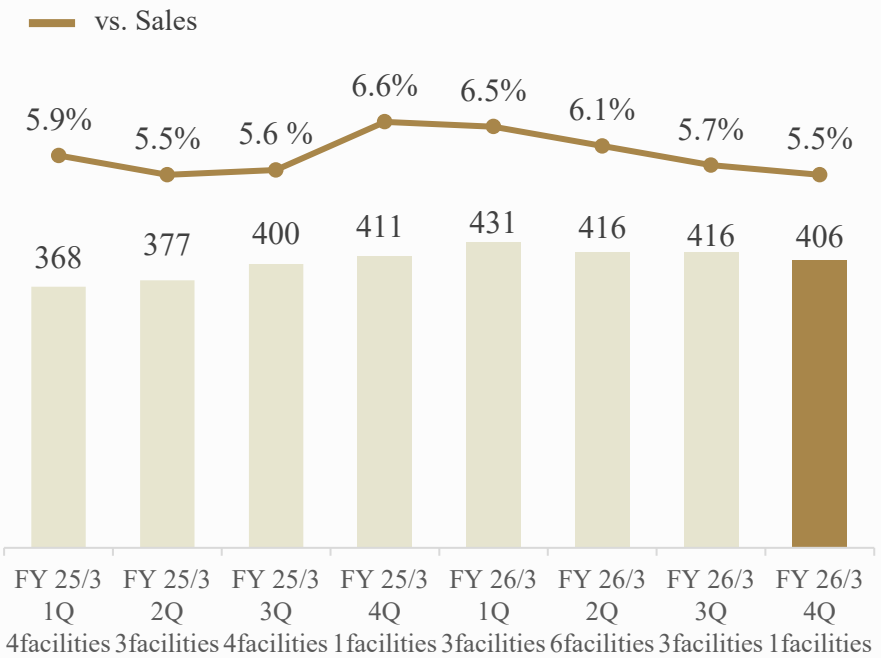


Quarterly Trends

We are implementing a company-wide review of selling, general, and administrative expenses, starting with personnel costs in the administrative department, aiming to achieve profitability as soon as possible.

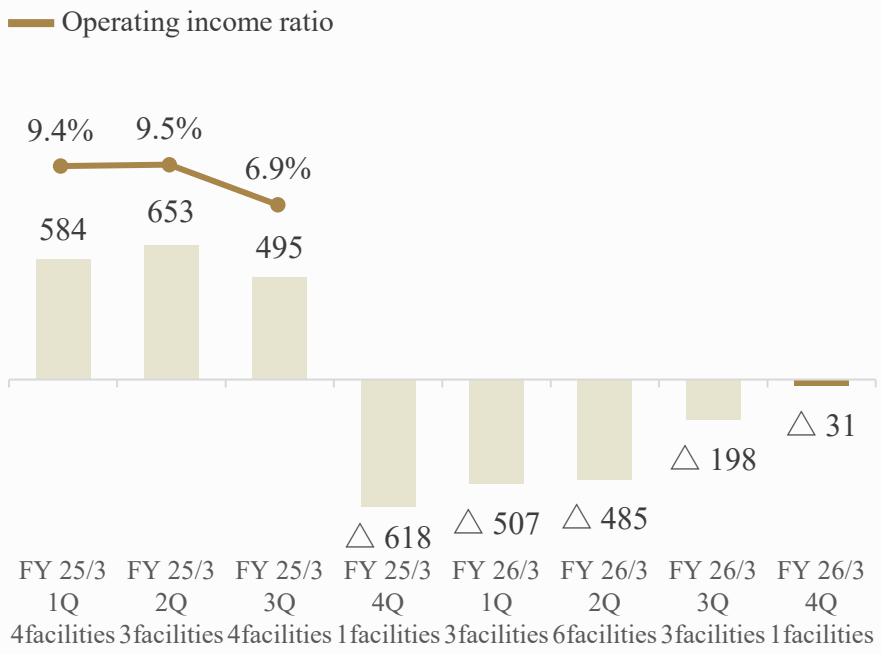
Administrative personnel expenses (SGA expenses)

(Million yen)



Operating income

(Million yen)



* Figures for the fiscal year ended March 31, 2024 have been retroactively adjusted due to a change in accounting policy regarding the accounting treatment of consumption taxes not deductible on assets. For details, please refer to the 1st Quarter Financial Results (page 5).

Initiatives to Improve Residents' Quality of Life (improvement of meal quality)

We are implementing three initiatives to improve the quality of our meals, with the aim of enhancing customer satisfaction and attracting more customers.
Due to Inflation, we raised food prices in October 2025 and April 2026.

(1) Introduction of hot and cold catering trucks

* impression

Placed in facilities sequentially from April 2024

〈 Details of Initiatives 〉

Hot meals are served hot, cold meals are served cold, and freshly prepared temperatures are maintained to ensure delicious taste

(2) Improvement of menus and ingredients

Contributing to an increase in residents' quality of life by sequentially improving the quality of meals at all facilities starting in April 2024

〈 Details of Initiatives 〉

We offer a full lineup of ingredients and menus to make daily meals a pleasure, as well as seasonal event meals

(3) Advisory agreement signed with dietitian

Advisory contract with Ms. Misa Yamaguchi, Nutritionist, from May 2024

* Working as a Registered Dietitian while suffering from Parkinson's Disease herself

〈 Details of Initiatives 〉

Parkinson's-specific food and nutrition.PD House has developed a unique menu to delivermenu to deliver Parkinson's disease-specific food and nutrition

Initiatives to improve occupancy rates

We have assigned dedicated sales representatives to each region to strengthen direct sales efforts.

(1) Resumption of webinars by advisors and affiliated physicians

Resumption of webinars by doctors, and increased webinars hosted by various professions.

(2) Resumption of advertising such as commercials and billboards, mainly in newly opened areas

Signage board image

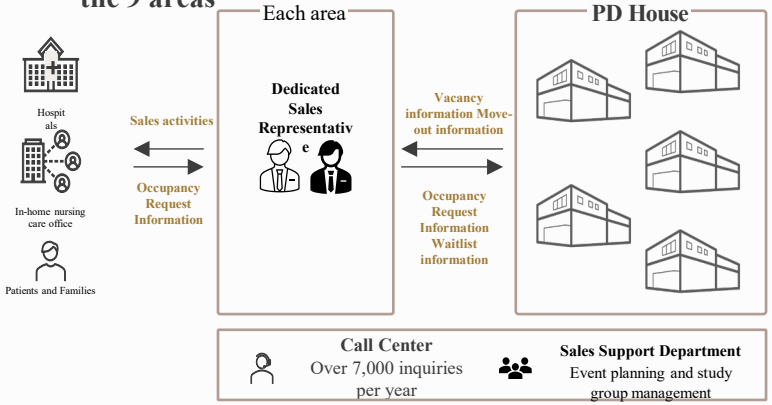
Signage board

TVCM

Resumption of TV commercials focusing on newly opened areas, and implementation of signage advertising at nearby stations as a new initiative.

(3) We have assigned dedicated sales representatives to each region to strengthen our sales efforts

We plan to assign 1 to 4 staff members to each of the 9 areas



We have assigned dedicated sales representatives to each region across the country to strengthen collaboration with local medical institutions and home care support agencies (see page 27 for details)

Initiatives to improve occupancy rates

- **Operating the Parkinson‘s disease-specialized owned media “PD House Online” and publishing a Parkinson‘s disease-specialized quarterly magazine to enhance information provision for PD patients and their families, including non-residents.**

PD House Online

PD House Online, a Parkinson's disease-focused owned media platform, surpassed 10,000 members within 8 months of launch, regularly distributing PD-related information.

Parkinson's Disease Information Magazine

Information on Parkinson's Disease: Knowledge, Caregiving Methods, and Facility Selection Distributed to PD patients and their families in each region, including non-residents

「PD House Online」 https://sunwels.jp/pdh/online/
「PD House Online YouTube」 https://www.youtube.com/@PDhouse-online

Continue to Strengthen Human Resource Development

■ **Added ethics training and legal training (visiting nursing care system and visiting care system) for all employees, including management,and strengthened ongoing compliance education.**

1. Targeting leaders (facility managers and assistant managers)

- Hierarchy-based management training
- Compliance enhancement training on abuse prevention, internal controls, and labor laws and regulations
- **Ethics training/legal training** (home nursing and home care)

2. Targeting all staff

basic education

- On-the-job training (OJT training)
- Philosophy training
  (explanation of management philosophy and company policies directly from the president at the time of opening of a new business)
- Follow-up training by occupation (nursing, caregiver, rehabilitation)
- **Ethics training/legal training** (home nursing and home care)

professional education

- Juntendo University School of Medicine Study Program on Parkinson's Disease Medical Care by Neurologists
- Compliance training (prevention of abuse, etc. *Controls are in place by installing surveillance cameras in facilities and living rooms)
- In-house qualification PD license system

Continue to Strengthen Human Resource Development

PD Licensing System introduced to develop a group of specialists in Parkinson's disease.

	Number of PD Licenses Grade 1	Number of PD Licenses Grade 2	Number of PD Licenses Grade 3
March 31, 2025	— (Not implemented)	Number of staff 390 (Acquisition rate 14%)	Number of staff 2,391 (Acquisition rate 88%)
March 31, 2026	Number of staff 166 (Acquisition rate 5%)	Number of staff 461 (Acquisition rate 15%)	Number of staff 2,665 (Acquisition rate 89%)
Grade	Grade 1 (under examination)	Grade 2 (under examination)	Grade 3 (under examination)
Skills to be acquired	Understand the pathology of Parkinson's disease and the roles of other professions in its care. (Pathophysiology: mechanisms that cause symptoms)	Understand the pathology of Parkinson's disease and the roles of their own profession in its care.	Understand the symptoms and risks commonly seen in PD houses.
Period of certification	Once a year Grade 1 holders shall take the exam in the renewal month of their certification.	Once a year Grade 2 holders shall take the exam in the renewal month of their certification.	—
Renewal Method	Renewal examination (December) <Pass>Renewal <Fail/Not taken examination> Grade 2	Renewal examination (February) <Pass>Renewal <Fail/Not taken examination> Grade 3	—
Benefit	Full-time employees: 10,000 yen/month Part-time employees: 61 yen/hour	Full-time employees: 3,000 yen/month Part-time employees: 18 yen/hour	—
Eligibility to take the examination	persons who have passed Grade 2 (Optional)	persons who have passed Grade 3 (Optional)	All employees
Frequency of the examination	Once a year (Every December)	Once a year (Every February)	Every month

Supervision

Professor Emeritus at Fukuoka University
Yoshio Tsuboi

Professor at Kansai Medical University
Makio Takahashi

*Internal publicity materials

Balance Sheet

(Unit: million yen)

	End of March 2024	End of March 2025	End of March 2026	Change from end of March 2025
Gross assets	**31,591**	**38,994**	**45,633**	**+6,639**
Current assets	7,504	9,967	9,448	△518
Fixed assets	24,086	29,026	36,185	+7,158
Liabilities	**26,392**	**30,377**	**38,661**	**+8,284**
Current liabilities	7,729	5,602	7,084	+1,482
Fixed liabilities	18,662	24,774	31,576	+6,802
Lease liabilities	13,344	14,877	22,535	+7,658
Net assets	**5,198**	**8,616**	**6,972**	**△1,644**
Equity ratio	**16.4%**	**22.0%**	**15.2%**	**△6.8pt**

Cash Flow Statement

(Unit: million yen)

	FY2024/3 Full year	FY2025/3 Full year	FY2026/3 Full year
Operating cash flow	**2,557**	**1,883**	**△332**
Investing cash flow	**△5,662**	**△4,396**	**△1,275**
Purchase of property, plant, and equipment	△5,489	△4,207	△1,169
Free cash flow (operating cash flow + investing cash flow)	△3,104	△2,512	△1,607
Financing cash flow	**3,801**	**4,842**	**62**
Net increase (decrease) in borrowing	4,279	827	△1,141
Proceeds from disposal of treasury shares	39	4,574	−
Net increase (decrease) in cash and cash equivalents	**696**	**2,330**	**△1,545**
Cash and cash equivalents at end of period	**3,307**	**5,637**	**4,092**

* Figures for the fiscal year ended March 31, 2024 have been retroactively adjusted due to a change in accounting policy regarding the accounting treatment of consumption taxes not deductible on assets. For details, please refer to the 1st Quarter Financial Results (page 5).

I. Overview of Financial Results for FY March 2026

II. Forecast for the FY March 31, 2027

III. Business Profile

Regarding the Revision of Medical Fees

A new "Comprehensive Home-Visit Nursing Care Fee System" will be established (effective June 2026)

Prior to the 2026 Medical Fee Revision

Reimbursement Amount

Billing Items	Conditions (Prior to the 2026 Fee Revision) *	Fee (JPY)
Basic Home Nursing Care Fee II	3 or more patients on the same day (up to 3 days per week)	2,780
Home Visit Nursing Management Fee	Home Visit Nursing Management Fee 2 (70% or more of residents live in the same building)	2,500
Surcharge for Multiple Visits for Intractable Diseases, etc.	3 or more visits per day, 3 or more people in the same building	7,200
Additional payment for care provided by multiple staff members	3 or more people in the same building	4,000
Nighttime and Early Morning Home Visit Nursing **Surcharge**	When performed at night or in the early morning	2,100
Late-night home visit nursing **surcharge**	When performed during late-night hours (10:00 PM to 6:00 AM)	4,200
Basic Home Nursing Care Fee II + Home Nursing Care Management Fee + Various Evaluation Surcharges		

After the 2026 Medical Fee Revision

Comprehensive Home Nursing Care Fee

When there are 50 or more residents in a single building

For visits of more than 30 to less than 60 minutes per day
5,960 yen

For visits of more than 60 to less than 90 minutes per day
9,360 yen

For visits lasting 90 minutes or more per day
13,450 yen

*The above is an estimated example of fees for hospice-style housing with 50 or more residents; actual fees may vary depending on the services provided and the days of service

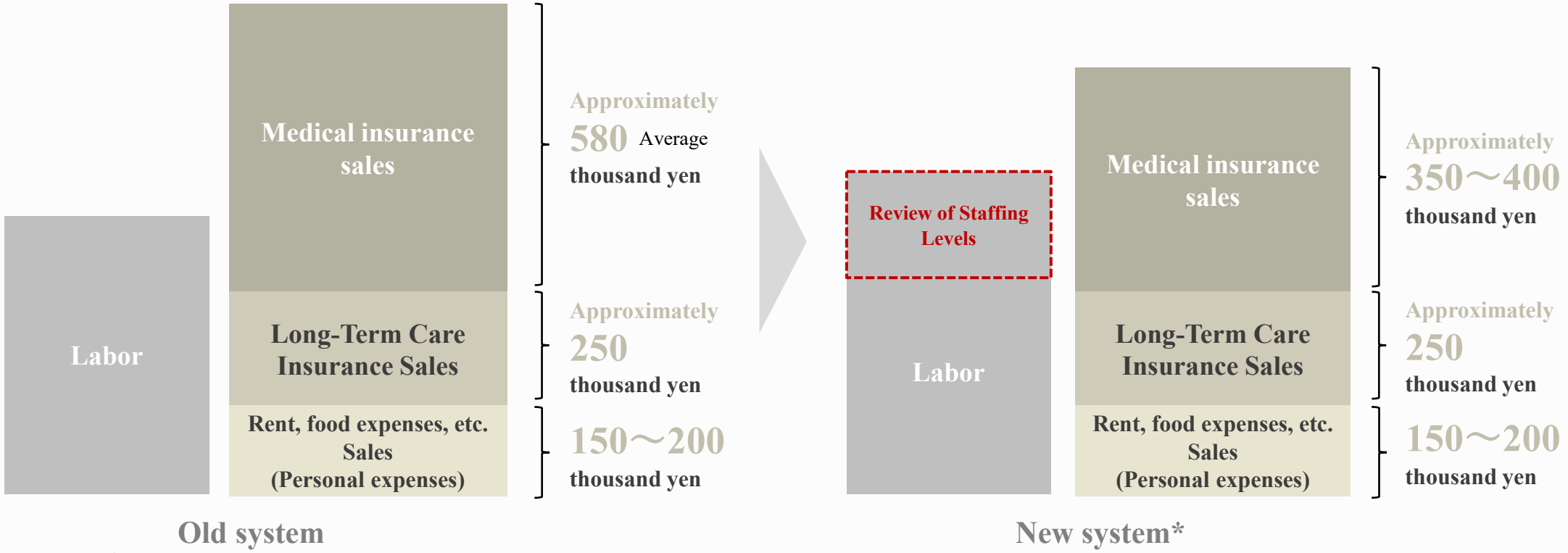
Changes to Services Provided

	Before the fee revision	After the fee revision (Comprehensive Home Nursing Care Fee)
Duration per visit	The standard duration is 30 minutes or more per visit	Calculated based on the total visit duration for multiple visits per day
Number of visits	The "Infrequent Visits for Intractable Diseases" surcharge may be applied for up to 3 visits	A minimum of 3 visits must be conducted (no additional charges)
Visits by multiple staff members	If multiple staff members visit, the Multiple-Staff Visit Surcharge may be billed	There is no special evaluation for visits by multiple staff members (no additional charges)
Nighttime, Early Morning, and Late-Night Visits	The nighttime, early morning, or late-night visit surcharge may be billed	Included in the comprehensive fee (no additional charges)
Other	-	・Nursing staff must visit at least once a day ・ If a visit is made two or more times a day, the corresponding fee may be billed ・At least one visit is required during both daytime and nighttime hours

Regarding the Revision of Medical Fees

- **In response to the transition to the comprehensive home-visit nursing system, a decline in medical insurance revenue is expected starting in June 2026. We are considering a significant overhaul of staffing levels at each facility—with a focus on staff providing nursing support—as well as a review of rent and other costs.**

Monthly sales composition per tenant (average)



* Each sales amount is expected to fluctuate depending on the future situation of tenants.

Forecast for the FY March 31, 2027 Quarterly breakdown

- **In conjunction with the transition to the comprehensive home-visit nursing system, we are conducting a comprehensive review of our business model and aim to return to profitability in the fourth quarter of the fiscal year ending March 2027.**

(Unit: million yen)

	FY 2027/3 1Q forecast	FY 2027/3 2Q forecast	FY 2027/3 3Q forecast	FY 2027/3 4Q forecast	FY 2027/3 Full-year forecast
Sales	7,343	6,930	7,267	7,331	**28,872**
EBITDA	319	294	807	980	**2,402**
Operating income	△168	△199	307	480	**420**
Ordinary income	△506	△535	△28	216	**△854**
Quarterly (current) net income	△507	△537	△30	14	**△1,060**

Forecast for the FY March 31, 2027

In response to the recent major regulatory reforms, we are undertaking a company-wide review of our business model to achieve sustainable growth while maintaining the distinctive characteristics of our disease-specific specialized facilities.

Redesigning staffing standards for each facility

While maintaining the characteristics of a facility specializing in Parkinson's disease (PD), we will transition to a staffing model aligned with the comprehensive home-visit nursing system. We plan to recalculate the staffing requirements for each facility and reduce the number of staff by approximately six per facility.*Note: Some facilities may see an increase in staff depending on their opening date.

Significant review of facility SG&A expenses and head office SG&A expenses

As part of a major overhaul of our business model, we are implementing measures to reduce facility SG&A expenses—such as bringing cleaning operations in-house—while maintaining service quality, and significantly restructuring head office SG&A expenses. We are also considering adjustments to certain aspects, including the setting of initial move-in fees and rent.

We have suspended plans for new store openings starting with the fiscal year ending March 2027 and will focus on reducing current vacancy rates and stabilizing revenue.

We will suspend new development plans for the fiscal year ending March 2027 and beyond for a certain period, making the reduction of vacant beds our top priority. We will deploy sales specialists to each region to gradually reduce the 714 vacant beds as of the end of the fiscal year ending March 2026, with the goal of ensuring that each facility can accommodate a certain number of waiting patients.

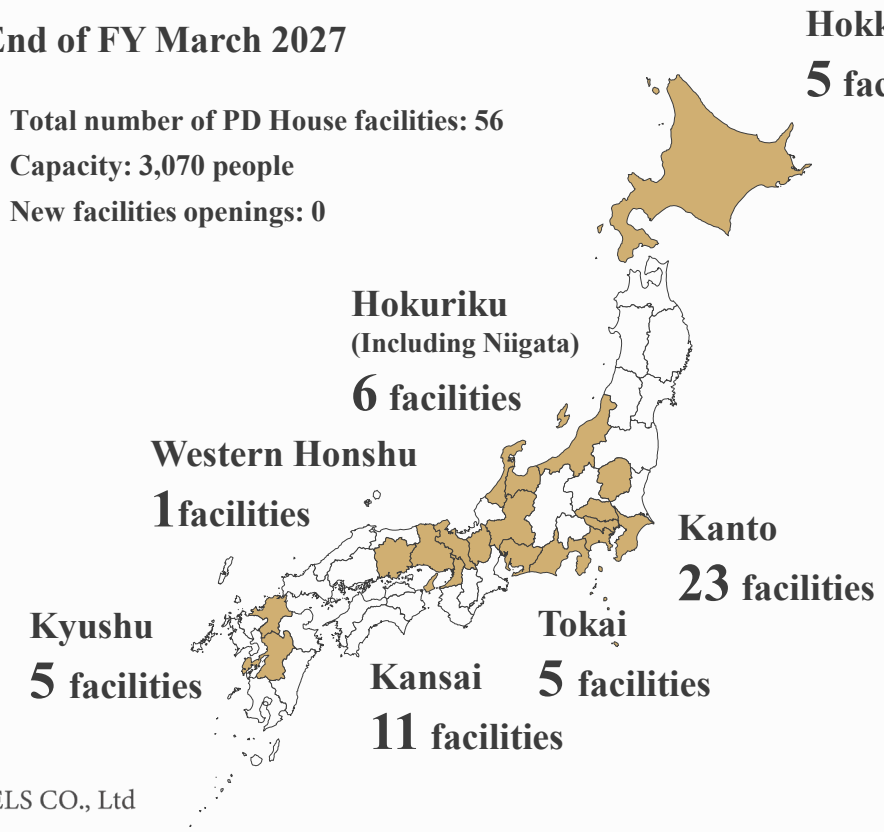
Forecast for the FY March 31, 2027 Plans for new openings

■ For the time being, we will put the opening of new facilities on hold and prioritize filling vacancies at existing facilities and stabilizing revenue. Regarding PD House Niigata Terayama, for which the property has already been acquired, we plan to cancel its opening and sell the real estate.

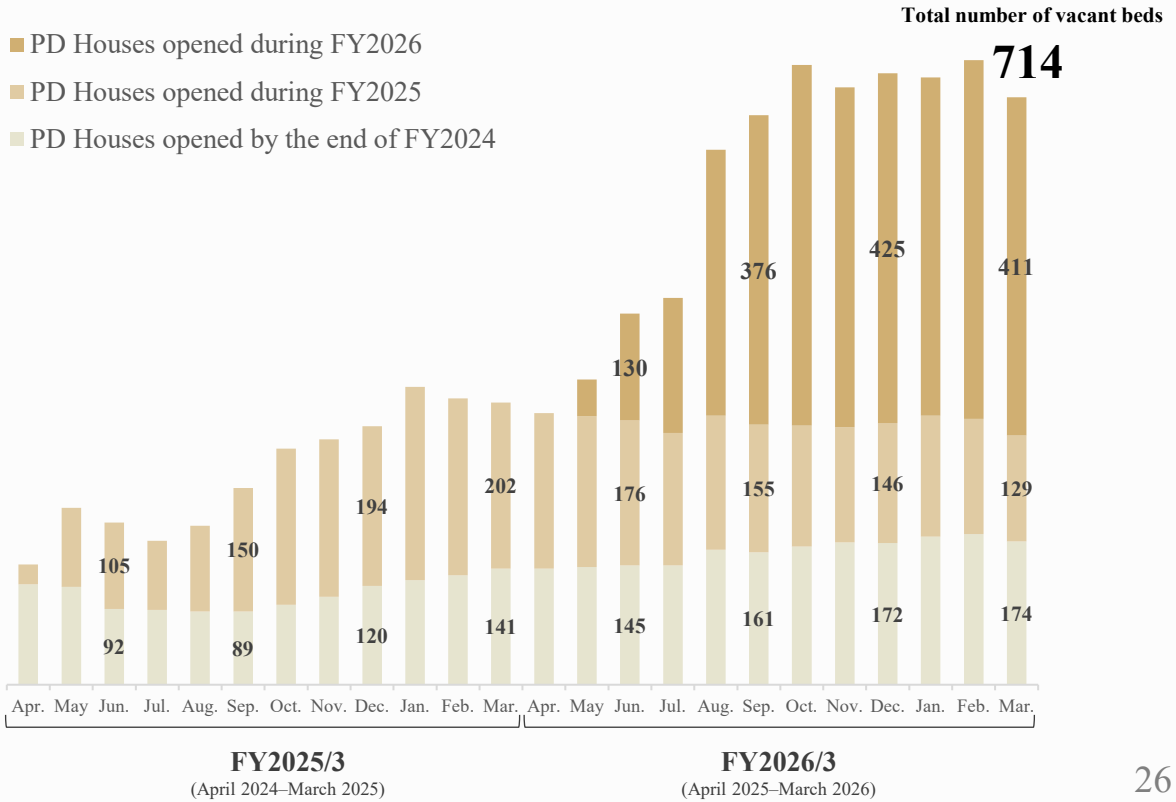
Locations of new PD House facilities

End of FY March 2027

Total number of PD House facilities: 56
Capacity: 3,070 people
New facilities openings: 0



Number of vacant beds including new facilities

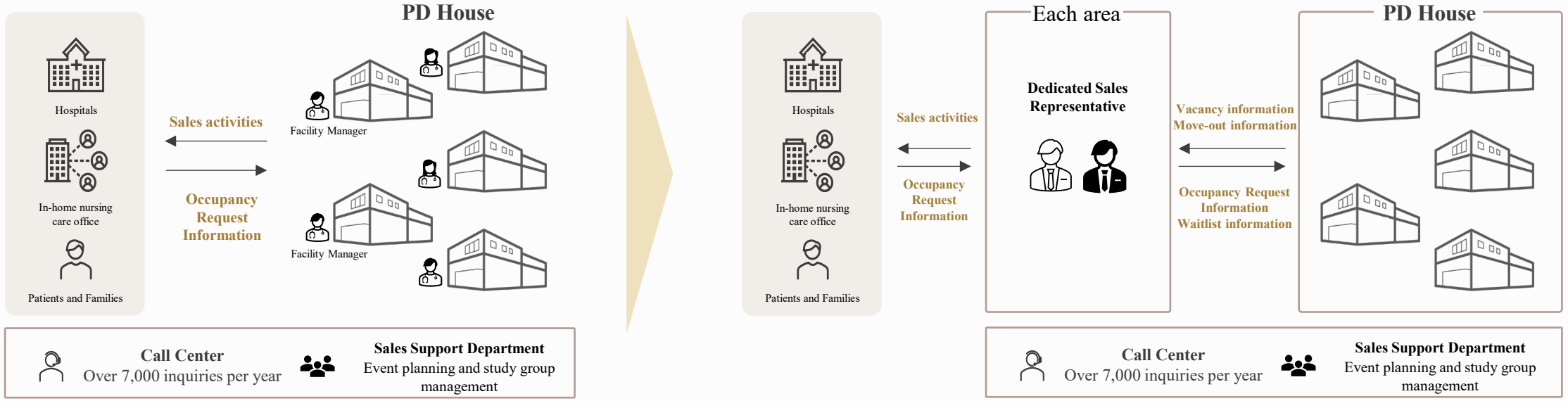


Forecast for the FY March 31, 2027 Strengthening the Sales Structure

To continuously improve occupancy rates, we have assigned dedicated sales representatives to each area

Previously, at our existing facilities, the facility managers (directors) handled both facility operations and sales activities. Going forward, however, we will assign dedicated sales representatives to each area to strengthen information sharing with local medical institutions and other organizations, with the aim of quickly filling vacancies, continuously improving occupancy rates, and securing prospective residents for each facility.

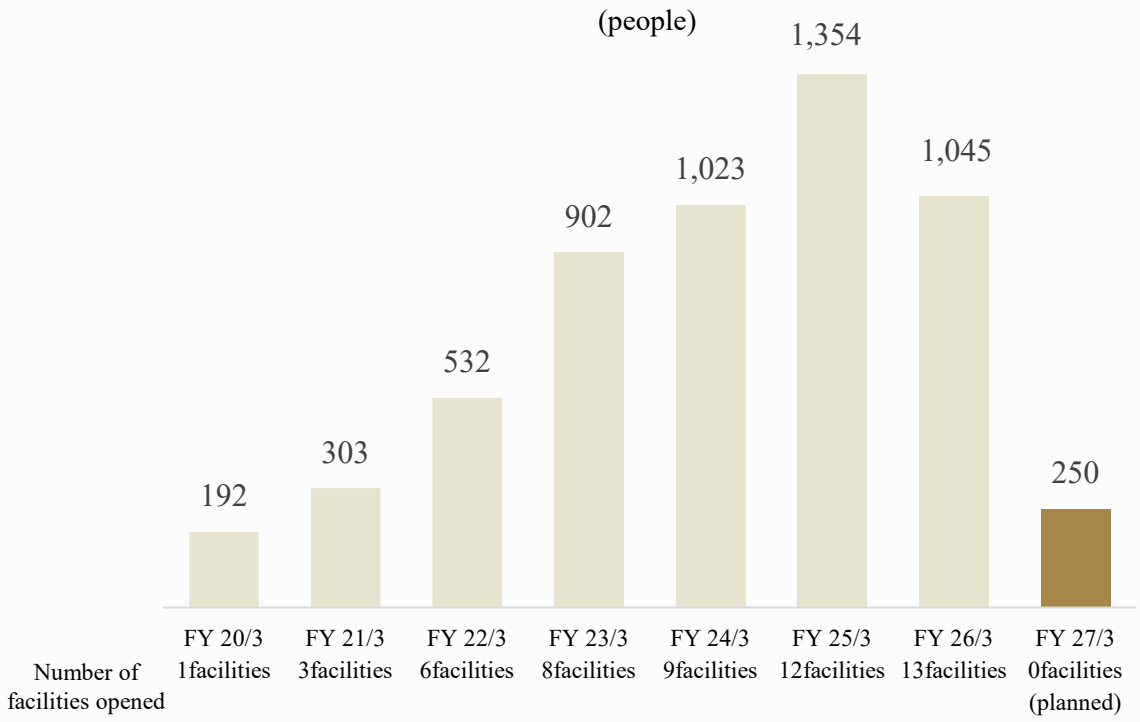
We plan to assign 1 to 4 staff members to each of the 9 areas



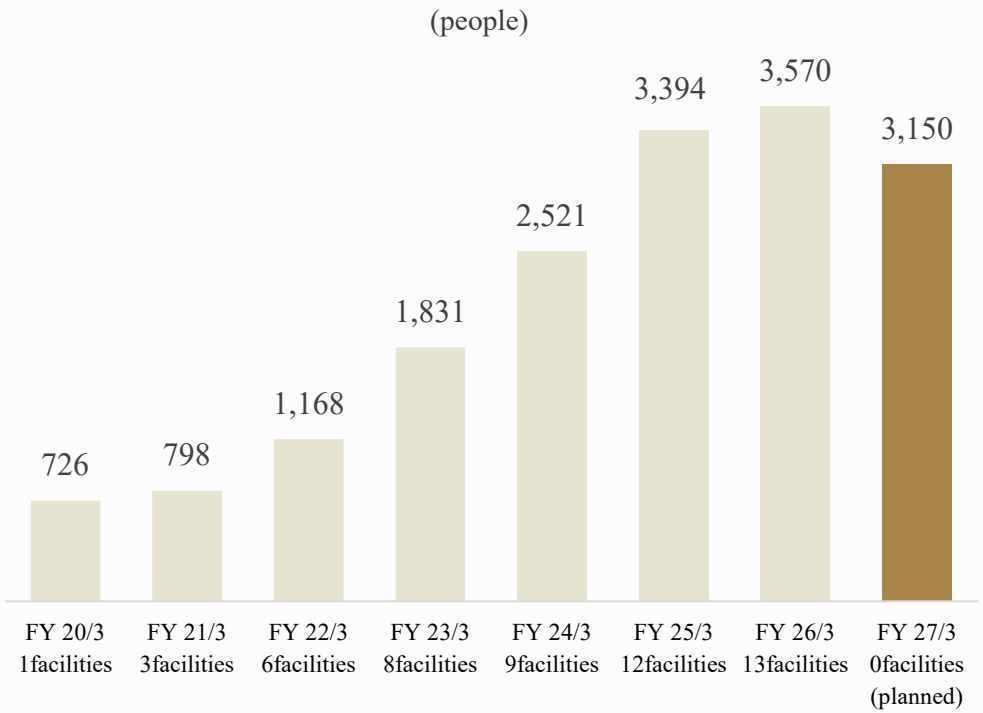
Hiring Plans for FY March 2027

■ **Optimize the number of hires and employees in line with the transition to the new system**

Number of new hires



Number of employees at end of period *



* Including temporary hires

I. Overview of Financial Results for FY March 2026

II. Forecast for the FY March 31, 2027

III. Business Profile

CEO Profile / Background of Company Establishment

Ryotatsu Nawashiro,

President & CEO

Nawashiro was born in Ishikawa Prefecture in July 1973. From the early age of 19 Nawashiro suffered from kidney disease that ultimately led to his withdrawal from college. Recovering from the disease, at the age of 26, Nawashiro made the decision to create services aimed at helping people with illnesses based on his own battle with disease. He launched a housing renovation business for those covered by nursing-care insurance. After establishing Sunwels and operating the facilities, he came face-to-face with the exhaustion of care staff and the low sense of satisfaction among patients. With the goal of providing the truly specialized services required by patients — not the general services that do not account for the specific conditions typical of the nursing care industry—he began operating PD House. With a further goal of creating a comfortable work environment and raising the social standing of nursing care workers, he has been developing nursing care services previously unavailable in the community.

Parkinson’s Disease and Social Background

About Parkinson’s Disease

Symptoms

- Parkinson’s Disease often develops in the elderly in which an abnormality occurs in the brain, with diminished activity of the cells that generate dopamine in the substantia nigra of the midbrain, **leading to tight muscles and tremors**.
- Dysphagia and difficulty walking can occur. As the disease progresses, the effects of typical treatment drugs become unstable, and **their effective duration also declines**.
- The disease has a progressive course. Treatment with current medicines poses difficulties. It is recognized **by the government as a designated intractable disease**.

Primary treatments

(1) Drug therapy

(2) Rehabilitation

(3) Surgery (deep brain stimulation therapy)

- According to research comparing relative improvement in symptoms, in cases in which patients undergo continuous rehabilitation, they gain improvements in walking function, balance, general motor function, and daily life activities.
- **Rehabilitation has been shown to improve movement disorders observed with Parkinson’s disease, particularly those observed with ambulatory functions and balance.**

Parkinson's Disease and Social Background

Parkinson's Disease Symptoms

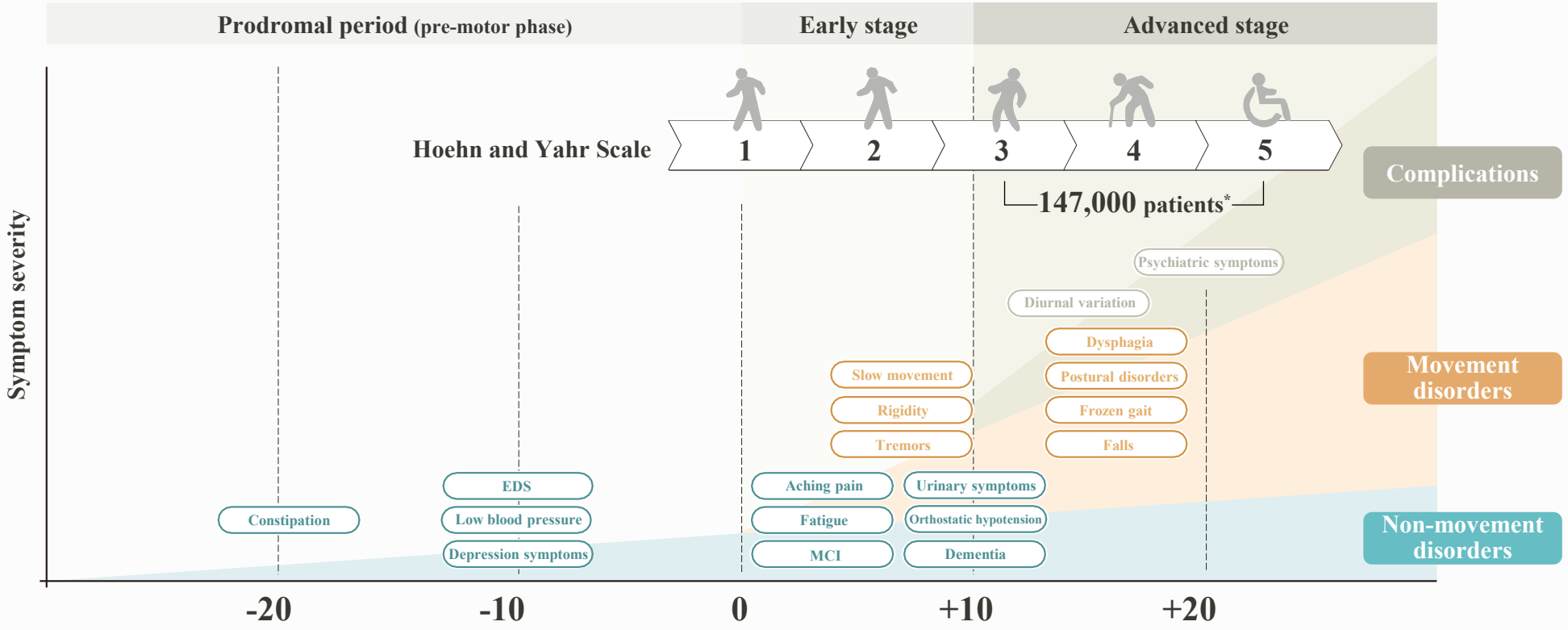
Movement Disorders

- Tremors (bodily shaking)
- Muscular stiffness (muscular rigidity)
- Immobility (slowness of movement)
- Postural reflex disorder
- Dysphagia

Non-Movement Disorders

- Depression symptoms
- Hallucinations
- Sleep disorders
- Seborrhea
- Cognitive dysfunction
- Constipation
- Urinary disorders, frequent urination
- Autonomic nervous system disorder
- Orthostatic hypotension …

Symptoms and Progression*



* Number of patients with Parkinson's disease (Hoehn and Yahr 3–5) (FY2023 Report on Public Health Administration and Services)

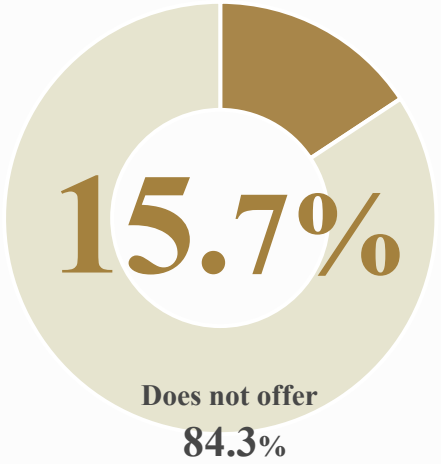
The diagram was created based on Kalia, L. V., & Lang, A. E. (2015). Parkinson's disease. *Lancet Lond Engl 386*: 896–912.

Parkinson’s Disease and Social Background

Social Background

With the trend toward a super-aging society in recent years, **the problems of the elderly caring for the elderly, and working people leaving their jobs to care for the elderly**, demand for nursing care facilities has risen sharply. **Few care facilities are capable of providing specialized rehabilitation and medical treatment for Parkinson’s disease**; disease symptoms tend to progress rapidly after patients enter a facility.

Care facilities offering rehabilitation



Care facilities with 24-hour nursing services

Care facilities offering rehabilitation and 24-hour nursing services

* Company survey of approx. 57,000 care facilities

Business Model and Social Background

PD House is a new form of nursing care facility specialized in Parkinson's disease

Three Therapy Issues

- Rehabilitation via day service has its limits. No places provide daily rehabilitation when not checked in at a hospital. Systems deteriorate after discharge.
- When commuting to the hospital starts to become difficult, therapy from a specialist is no longer readily available. Neurology specialists tend to be relatively rare, especially outside major cities.
- Increasing medication doses and frequency result in complex medication management.

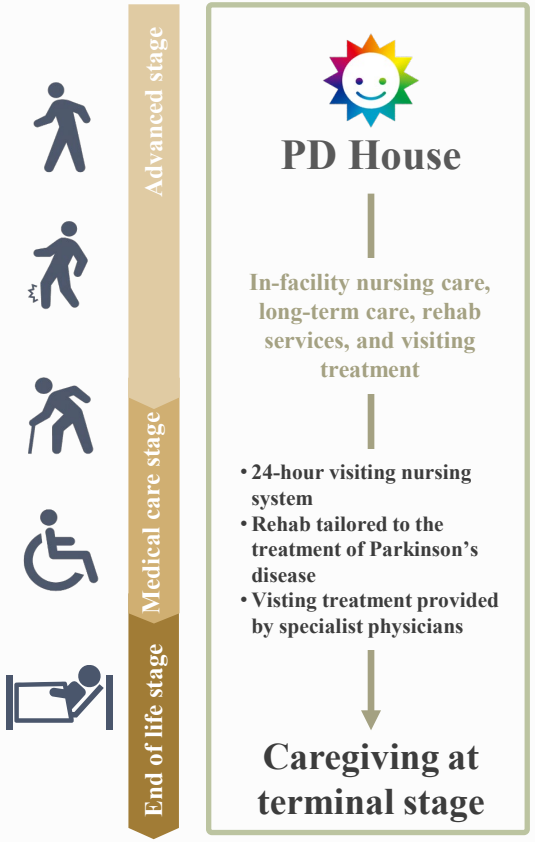
A facility inspired by this and other patient feedback

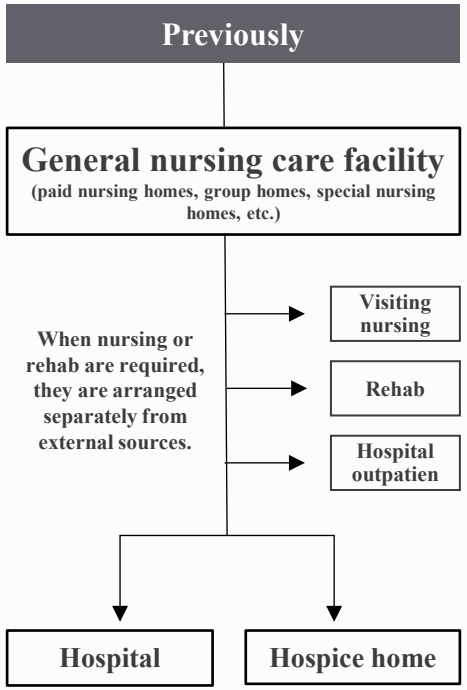
Three features of PD House facilities

1. Rehabilitation programs specialized in Parkinson's disease (overseen by specialist doctors)
2. Medical care by visiting doctors specialized in neurology
3. 24-hour visiting nursing care and medication management

Positioning of PD House within the Nursing Care Industry

Positioning of PD House within the nursing care industry and various response requirements

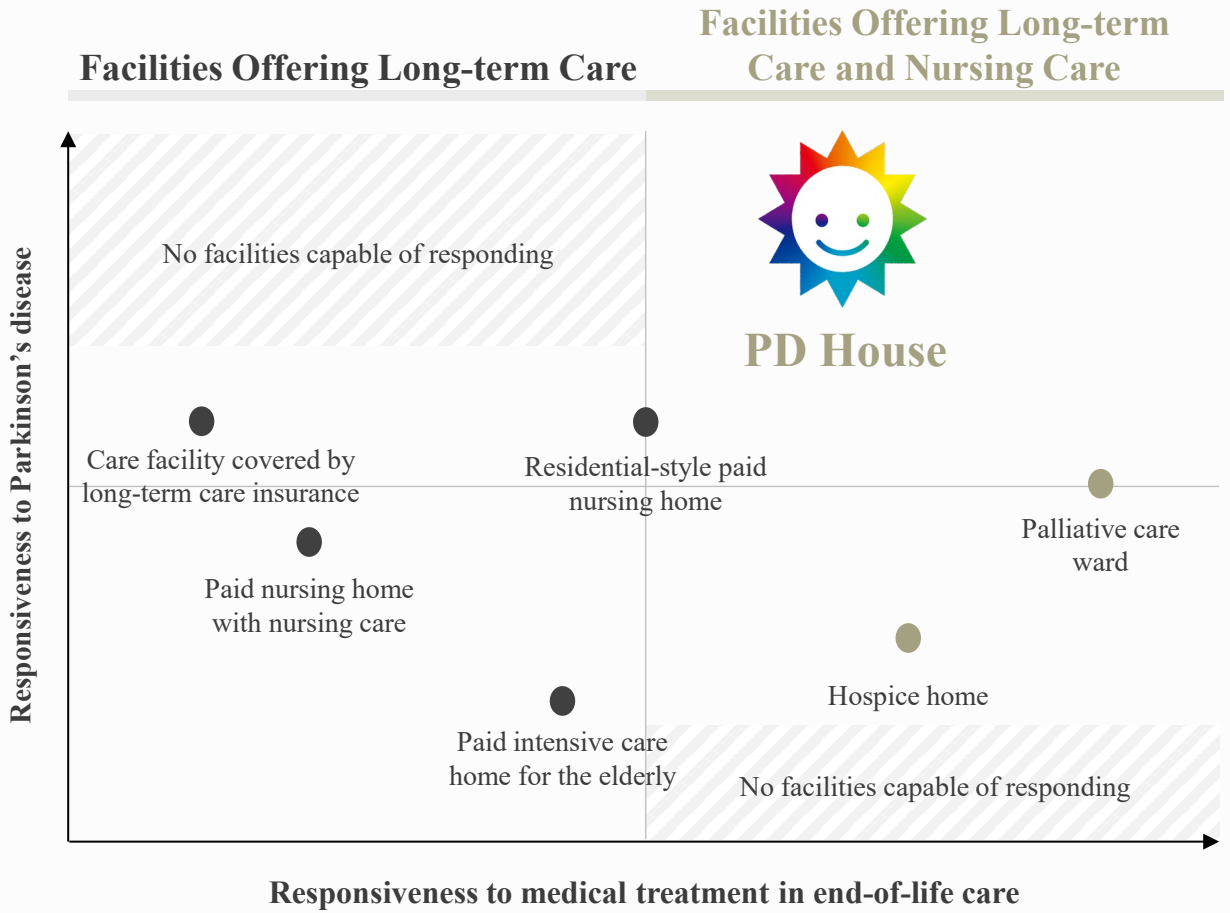




Contents	General care facility (Paid nursing home, group home, special nursing homes, etc.)	Hospice home	PD House
Nursing service	△ Arrange for oneself, drawing on external resources.	◎ 24-hour nursing services	◎ 24-hour visiting nursing system
Rehab facility/ service	△ Arrange for oneself, drawing on external resources.	△ Most occupants do not require rehabilitation.	◎ Specialized rehabilitation room with rehabilitation staff at all facilities
Specialist physician visiting treatment system	○	○	◎
Characteristics	Generally, to receive nursing and rehab services, **residents are in essence compelled to make separate arrangements with outside resources and commute to the hospital.**	Provides treatment and care to ease disease-associated pain so that patients can live out their final days in peace and dignity.	Complete long-term care, nursing care, rehabilitation, visiting treatment without the need to go out to other facilities. Integrated services, including hospice care
Diseases handled	Dementia, diabetes, stroke, renal failure, Parkinson's disease, and other 16 designated diseases, etc.	Terminal cancer, ALS, Parkinson's disease, AIDS, etc.	Parkinson's disease, including related diseases like progressive supranuclear palsy, corticobasal degeneration, multiple system atrophy, spinocerebellar degeneration, etc.

Positioning of PD House Within the Sphere of Parkinson's Disease Care Services

Nursing Care Industry Market Map



In contrast to hospitals, no facilities in the nursing care industry provide care tailored to a specific disease or condition, even with strong demand for such dedicated facilities.

Enhancing nursing and long-term care system	We provide 24-hour home nursing and care services with a well-staffed team, enabling us to offer comprehensive services throughout the day and night.
Dedicated rehabilitation services	Provision of rehabilitation program tailored to the treatment of Parkinson's disease through joint research with a university
Safe and convenient locations	Safe locations chosen based on hazard maps, close to stations, easy for family members to visit frequently, and easy for employees to commute to

We strive to provide reliable services that allow patients and their families to live how they wish until the end of their lives with peace of mind.

PD House Service Structure

PD House Service Structure

Providing visiting long-term care services

Providing visiting nursing service

Draws on long-term care insurance

Helper Station

Visiting long-term care service

Bodily nursing care and lifestyle support services for patients needing support or long-term care

- **Target**: Those assessed 1-2 in need of support and 1-5 in in need of nursing care
- **Providers**: Certified care workers, new care workers who have completed training
- **Costs**: Long-term care insurance (unit system / upper limit depending on level of certification)

Specific services

1) Bodily nursing care (help with eating, bathing, bed bathing, walking, changing positions, movement, etc.)
2) Lifestyle support (cleaning, laundry, meal prep, and other non-medical actions)

Flow of Steps

Application for long-term care need certification → Long-term care certification notification → Determination of long-term care support specialist → Creating the care application → Selecting the provider and contract → Start of visiting long-term care service

PD House

Facility Service

Costs associated with PD House facility use

- **Target**: Contracted facility occupants (with target disease)
- **Occupancy conditions**: Parkinson's disease,*2 progressive supranuclear palsy, corticobasal degeneration, etc.
- **Main costs**: Rent, food, management, kitchen management, utilities, diapers, etc.

Specific services

Lifestyle support, meal service, club activities, recreation, rehabilitation, etc.

Draws on medical insurance*1

Visiting Nursing Station

Visiting Nursing Service

Registered nurse visits patient home and provides nursing services based on instructions from and with the cooperation of the attending physician.
(support for medical treatment or help with medical treatment)

- **Target**: People with diseases and conditions specified by the Minister of Health, Labour and Welfare deemed by the attending physician to require visiting nursing care (condition for acceptance to our facilities)
- **Provider**: Registered nurses, etc. (includes different job categories when multiple people make visits)
- **Costs**: Medical insurance (visiting nurse basic medical treatment charge, managed medical treatment charge, and other additions, etc.)

Specific services

1) Support for recuperation (e.g., eating, elimination, and cleanliness management, terminal care, etc.)
2) Assistance with medical treatment (heath status assessment, medication management, rehabilitation, medical actions, etc. based on the physician's orders, etc.)
3) Family support related (instructions and consultations related to treatment by family members)

Flow of Steps (for patients covered by medical insurance)

Consideration of use of visiting nursing service → Issuance of vising nursing instructions based on attending physician's diagnosis → Selecting and contracting with provider → Creating visiting nursing plan → Selecting and contracting → Explanation and agreement (patient and family members) of visiting nursing plan → Start of service provision.

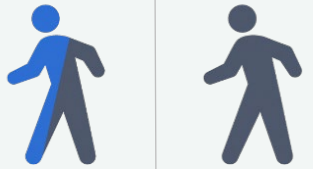
*1 Of the eligibility conditions for visiting nursing care, the person must be a patient of a condition stipulated in Users Public Notice No. 4.
*2. Stage 3 or higher on the Hoehn and Yahr scale and Category II and higher on MHLW Classification for Life Functions

Parkinson's Disease Patient Categories and PD House Occupancy Eligibility

Designated an intractable disease in Japan, Parkinson's disease is a progressive degenerative disease mainly involving degeneration of dopamine neurons in the brain. It can cause a wide range of symptoms and has no known cure. The chart below shows the progressive stages of the disease.

Stage transition in Hoehn and Yahr scale* (* An indicator for the progression of Parkinson's disease)

Stage I	Stage II	Stage III	Stage IV	Stage V
Shaking of extremities Muscular stiffness		Walking in short steps, legs freezing, susceptible to falls Impediments arise in daily living	Difficulty standing up, walking, etc. Care required in various circumstances	Wheelchair required Most time spent in bed Full care required
Unilateral	Bilateral			



Residents of PD House facilities

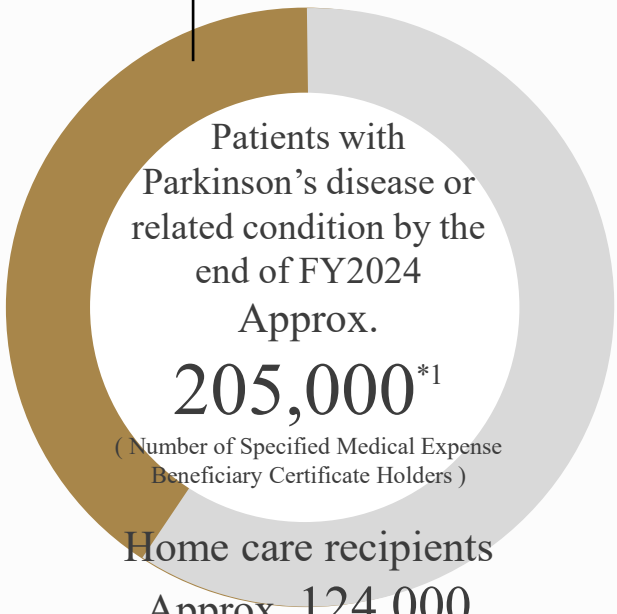
PD House is a dedicated long-term care facility for Parkinson's disease. Eligibility for occupancy is restricted to patients Stage 3 or higher on the Hoehn and Yahr scale and Category II and higher on MHLW Classification for Life Functions.

Market Scale

- **By developing new PD Houses, we seek to provide highly specialized care to Parkinson's disease patients at the earliest possible date.**

PD House market size and capacity comparison

Hospitalized patients / patients in long-term care facilities
Approx. 81,000*2



PD House
The end of FY March 2026

3,070 individuals

81,000 individuals

(3.8% share)

*1 Number of patients with Parkinson's disease and related conditions: Ministry of Health, Labour and Welfare, FY2024 Report on Public Health Amdinstration and Services
Approx. 150,000 Parkison's disease (Hoehn and Yahr scale 3–5) patients and approx. 55,000 patients with related conditions (progressive supranuclear palsy, corticobasal degeneration, multiple system atrophy, spinocerebellar ataxia)

*2 Number of hospitalized patients and patients in long-term care facilities: Estimated (as of March 2024) from the cumulative number of patients in long-term care facilities at nursing care level 2–5 based on percentages provided in the Ministry of Health, Labour and Welfare's Status Report on the Long-Term Care Insurance Business

Specific Information on PD House Facility Services

Opening PD House facilities nationwide, facilities where users can live life as they wish, even while facing an intractable disease

Providing services to resolve three issues at facilities specializing in Parkinson's disease

Three issues related to Parkinson's disease treatment

1. Lack of places to receive daily rehabilitation services
2. Become unable to see specialists for treatment
3. Proper medication management becomes difficult

Providing services to solve the three problems

1. Rehabilitation programs specialized in Parkinson's disease (overseen by specialist doctors)
2. Medical care by visiting doctors specialized in neurology
3. 24-hour visiting nursing care and medication management

PD House

1 / Rehabilitation programs specialized for Parkinson's disease (supervised by specialists)

Providing and assessing rehabilitation programs overseen by specialist neurologists, according to user conditions

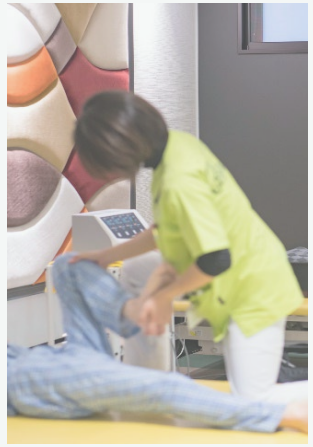
Example of living schedule at the facility

6:30	Wakeup
7:30	Breakfast
9:30	Individual rehabilitation (30 min.)
10:00	Hobby time
11:00	Group rehabilitation (30 min.)
11:30	Oral and swallowing exercises (30 min.)
12:00	Lunch
13:00	Recreation
14:00	Group rehabilitation (30 min.)
15:00	Bathing
16:00	Group rehabilitation (30 min.)
17:30	Dinner
20:00	Bedtime

Able to provide up to 150 min. rehabilitation/day

Individual rehabilitation

- Providing optimal programs for users' conditions, based on guidelines
- Managing status in line with five assessment items
  - (i) MDS-UPDRS Part III (assessment of progress of disease)
  - (ii) PDQ-39 (assessment of QOL improvement)
  - (iii) BI (assessment of behavior in everyday living)
  - (iv) MMSE (assessment of cognitive functions)
  - (v) InBody (measurement of muscle mass)



Group rehabilitation

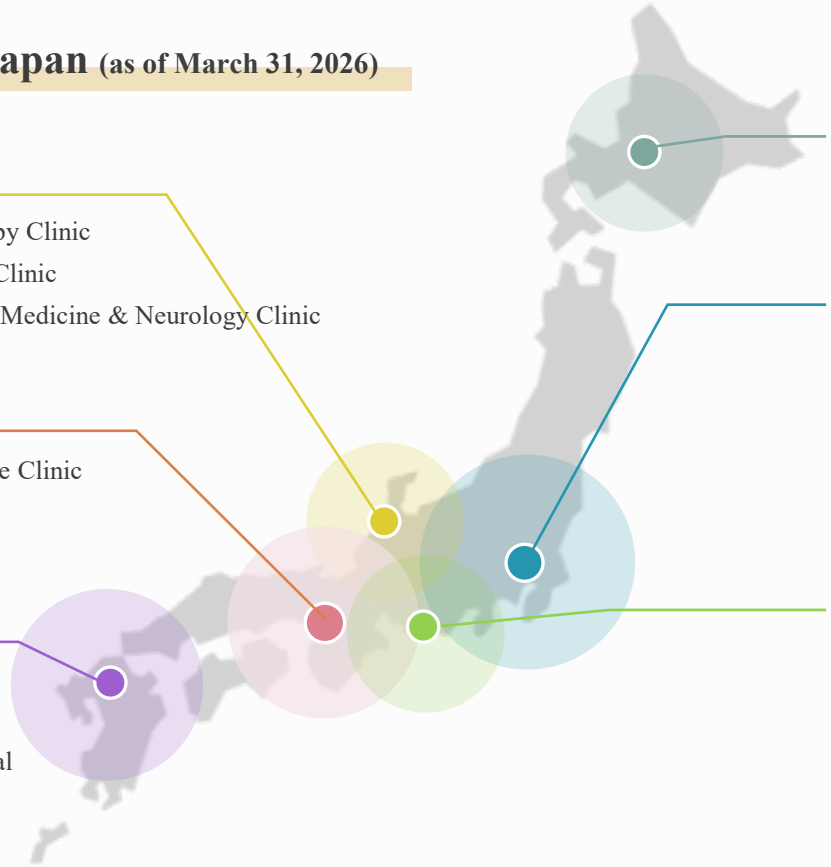
- Providing program centered on exercise, including exercises overseen by university hospitals and exercises incorporating movement and factors required by Parkinson's disease patients
- Implemented in a game-like atmosphere; medically proven to be effective in improving conditions

PD House

2 / Strengthening the coordination of home visits by physicians specializing in neurology

- **Established a system that allows for the continuation of specialized treatment by providing on-site medical care in collaboration with neurology hospitals throughout the country**
  Achieved collaboration with more than 127 of the approximately 600 (estimated) home-visit physicians in Japan, and will continue to expand with the opening of the new clinic

Cooperating with 127 neurologists in Japan (as of March 31, 2026)



Hokuriku area 13 doctors,
Including the following physicians

Neurologist	Ayumi Hamaguchi	Kanazawa Happy Clinic
Neurologist	Chiaki Kabasawa	Kobari Family Clinic
Neurologist	Hiroshi Matuda	Sakura Internal Medicine & Neurology Clinic

Kansai area 27 doctors,
Including the following physicians

Neurologist	Sadayuki Matsumoto	Noshinkei Home Clinic
Neurologist	Yosuke Taruno	Kitano Hospital
Neurologist	Miki Hishizawa	Sakura Clinic

Kyushu area 15 doctors,
Including the following physicians

Neurologist	Yoshio Tsuboi	Tsutsumi Clinic
Neurologist	Takenori Uozumi	Nakama Medical

Hokkaido area 6 doctors,
Including the following physicians

Neurologist	Hiroyuki Soma	Sapporo Memorial Hospital

Kanto area 55 doctors,
Including the following physicians

Neurologist	Ryoichi Okiyama	Prime Clinic
Neurologist	Yutaka Ogino	Toyoda Internal Medicine Clinic
Neurologist	Naohiko Togashi	Yuushin Clinic
Neurologist	Sachiko Kubo	Coral Clinic

Tokai area 11 doctors,
Including the following physicians

Neurologist	Tomonori Inagaki	Mokuren Clinic
Neurologist	Jun Torii	Nagoya Neurology Home Medical Care Clinic

PD House

3 / 24-hour care by visiting nurses and medication management

■ **With nursing coverage provided on a 24/7 basis, small changes in symptoms or side effect can be identified to ensure proper medication management. Sufficient manpower allows us to provide the services up to the last minute of the residents' lives.**

■ Number of cases of end-of-life care

From Apr. 2025 to Mar. 2026	375 people
Monthly average per facility	0.6 people

[Examples of nursing care and medical care during the day]

〈Visit to Resident A〉
Condition check/vital measurement
Excretion assistance during intervention
Walking assistance in the facility

〈Visit to Resident C〉
Condition check/vital measurement

9:00 10:00 11:00 12:00 13:00 14:00 15:00 16:00 17:00 18:00

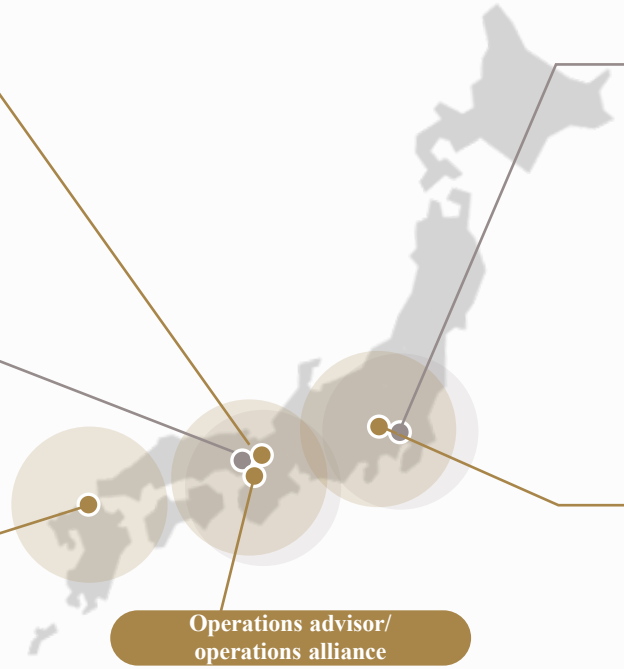
〈Visit to Resident B〉
Emotional incontinence observed when visiting.
Mental care provided by listening to the resident's worries while observing the conditions.

〈Visit to Resident D〉
Condition check/diaper change/oral medication for the time.
Fever is observed in vital measurement.
Blood collection by puncture/IV drip treatment.

Growth Strategy

Joint Research with University Hospitals and Dedicated Hospitals

Aiming to create more effective new services through research with leading doctors involved in Parkinson's disease research across Japan



Operations advisor

Kyoto University
Program-Specific Prof. Ryosuke Takahashi

A specialist who conducts research to unravel the molecular mechanisms of Parkinson's disease and develop treatment approaches based on those findings.

(i) Management and Supervision of Research Associations related to Parkinson's Disease

Joint research

Kansai Medical University
Prof. Makio Takahashi

Organizes numerous research meetings and seminars on Parkinson's disease. Leading Parkinson's disease specialist in the Kansai region.

(i) Verification of results using an e-sports program
(ii) Research on building a system to train personnel to provide care for Parkinson's disease

Operations advisor/ Joint research

Fukuoka University Tsutusmi Clinic Fukuoka
Emeritus Prof. Yoshio Tsuboi

Currently monitoring the progress of some 600 patients, chiefly in Fukuoka Prefecture. Pursues research on stopping the progress of the disease through comprehensive care. Advisor to Fukuoka Branch, Japan Parkinson's Disease Association.

(i) Online case consultations
(ii) Verification of the efficacy of the multidisciplinary cooperation (PD House care model)
(iii) Verification of the effectiveness of PD dance

Operations advisor/ operations alliance

Noshinkei Home Clinic
Director Sadayuki Matsumoto
(Former Deputy Director, Kitano Hospital)

(i) Building a cooperative structure with a home neurology team

Joint research

ALAN Inc. Representative Director
(Startup from Keio University School of Medicine)
Doctor Takahiro Kondo

(i) Verification of motor function evaluation systems

Operations advisor/ Joint research

Juntendo University
Project Prof. Nobutaka Hattori

Seventh most-cited authority on Parkinson's disease research in the world from 1996 through 2006. Considered the world's leading authority on the subject. Advisor to the Japan Parkinson's Disease Association.

(i) Validation of a 3D telemedicine system
(ii) Verification of activity detection by wearable devices
(iii) Efforts to detect and reduce falls
(iv) Hosting online seminars related to Parkinson's disease

SUNWELS CO., Ltd

Management
Philosophy

Let yourself shine and energize others.

At SUNWELS, we pursue the challenge of finding multifaceted solutions to the social issues surrounding medicine and long-term care through business development, starting with management of our PD Houses, which are Parkinson's disease care facilities.

Mission

1. Making the Welfare Workplace More Attractive

At SUNWELS, our services represent our dreams and our pride, and we challenge ourselves to create an industry that everyone can aspire to be a part of.

2. Bringing Evolution and Change to Nursing Care Services

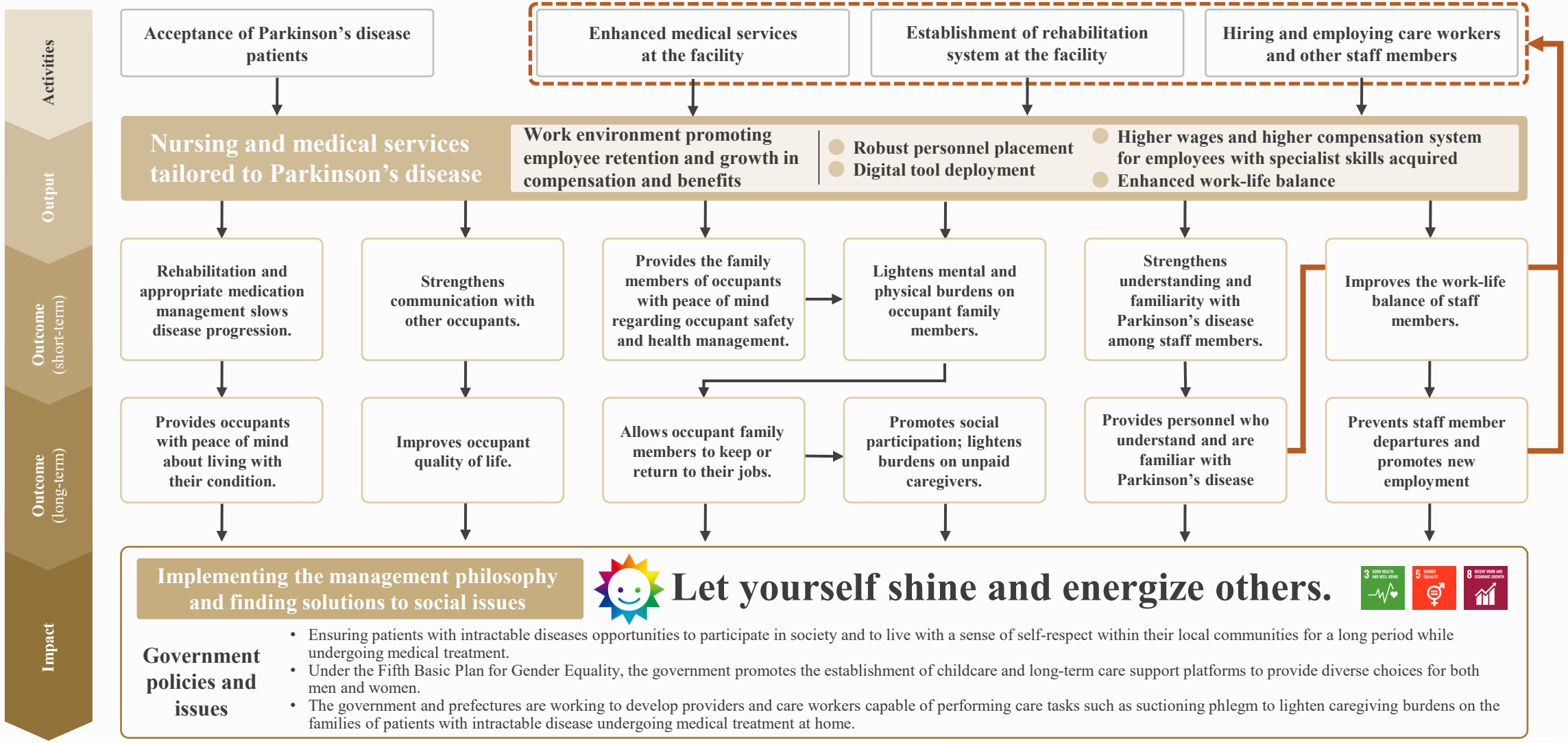
We at SUNWELS Co., Ltd. challenge ourselves to provide better services from the users' point of view without being bound by the conventional wisdom of nursing care.

3. Creating the Future Nurturing People

Through work, we at SUNWELS Co., Ltd. challenge ourselves to create Radiant People who think creatively and act independently.

MISSION

The Sunwels Goals



Basic Sustainability (ESG) Policy

Environment

PD House considerations for the environment

- Deployed solar power for self-consumption
- Calculated greenhouse gas emissions
- Promoting paperless office via cloud system
- Deployed stainless steel garbage bins suitable for long-term use
- Helping to cut CO_2 emissions by using 99% recycled garbage bags

Social

PD Houses meeting the need for nursing and long-term care for Parkinson's disease patients

- Internal certification system to ensure high performance and consistency in the knowledge and skills of care workers along with regular study sessions with university hospitals
- To enhance corporate value and further prioritize employee health and working conditions through the promotion of health-conscious management

Governance

Rigorous governance, risk management, and compliance

- Developing measures to prevent unauthorized billing (double-checking system with facility manager and head office administration section).
- CCTV systems installed in facilities and rooms (safeguard against inappropriate care)
- Audits by auditing firm as required by the Financial Instruments and Exchange Act and evaluations by third-party evaluation agency

Expanding initiatives to address sustainability issues to full-scale operations

Environment
Social
Governance

*In addition to the above, the Company will implement each of the recurrence prevention measures described in the "Notice Concerning Prevention Measures and Disposition of Related Parties" dated February 12, 2025.

PD House Nationwide

PD House has 56 facilities open nationwide (as of March 31, 2026).

Hokkaido
- PD House Nishino
- PD House Nishimiyanosawa
- PD House Tsukisamu
- PD House Taihei
- PD House Kiyota

Saitama Prefecture
- PD House Minami-Yono
- PD House Higashi-Omiya
- PD House Koshigaya
- PD House Higashi-Urawa

Tochigi Prefecture
- PD House Utsunomiya Hosoyacho

Tokyo
- PD House Itabashi *
- PD House Nishi-Tokyo
- PD House Yoga
- PD House Syakujii-Koen
- PD House Adachi
- PD House Hachioji
- PD House Kunitachi
- PD House Nakano Shirasagi

Chiba Prefecture
- PD House Funabashi
- PD House Yachiyo Chuo
- PD House Minami-Kashiwa
- PD House Inage

Kanagawa Prefecture
- PD House Sagamiono
- PD House Konandai
- PD House Chuorinkan
- PD House Fujisawa
- PD House Kandaiji

Ishikawa Prefecture
- PD House Fujie
- PD House Hakusan
- PD House Toita
- PD House Kosaka

Toyama Prefecture
- PD House Akiyoshi

Niigata Prefecture
- PD House Niigata Shichikuyama

Gifu Prefecture
- PD House Gifu

Shizuoka Prefecture
- PD House Hamamatsu Wagou

Aichi Prefecture
- PD House Heiwagaoka
- PD House Atsuta
- PD House Sakurayama

Siga Prefecture
- PD House Otsu

Kyoto Prefecture
- PD House Nishi-Kyogoku

Hyogo Prefecture
- PD House Kobe Fukae Honmachi

Osaka Prefecture
- PD House Kishibe
- PD House Yao
- PD House Hatsushiba
- PD House Kadoma
- PD House Joto
- PD House Otori
- PD House Higashi-Osaka
- PD House Higashi-Osaka II

Kumamoto Prefecture
- PD House Hikarinomori

Okayama Prefecture
- PD House Okayama Tatsumi

Fukuoka Prefecture
- PD House Noke
- PD House Imajuku
- PD House Arita
- PD House Jinnoharu

* PD House Itabashi expanded in June 2023

Corporate Profile

Company name	Sunwels Co., Ltd.
Headquarters	■ Tokyo Headquarters (9th floor, PMO Hamamatsucho III, 2-10-6, Hamamatsucho, Minato-ku, Tokyo) ■ Kanazawa Headquarters (15-13 Ninomiya-machi, Kanazawa, Ishikawa Prefecture)
Branch	■ Osaka Branch (3rd Floor, Hiranomachi Chuo Building, 3-2-13 Hiranomachi, Chuo-ku, Osaka) ■ Fukuoka Branch (5th floor, Hakata Tanaka Building, 3-27-24 Hakata Ekimae, Hakata-ku, Fukuoka Prefecture)
Representative	Ryotatsu Nawashiro, President & CEO
Established	September 2006
Capital	35,000,000 yen
Number of employees	3,570 (Temporary employment 83 Excluding / as of March 31, 2026)*
Lines of business	Long-term care and related businesses (care residences with medical services, day services, group homes, rental of care equipment, etc.) ■ Operation of PD House facilities specializing in long-term care for Parkinson's disease patients

* The number of employees represents the number of full-time employees. The number of temporary employees (i.e., part-time and contract employees) represents the average number of temporary employees per year (converted based on an eight-hour workday).

Disclaimer / Inquiries

Company forecasts, plans, and other forward-looking statements in this document represent projections based on information available to the Company at the time the document was prepared. These projections may not be realized for various reasons, including uncertainties related to economic conditions and deregulation. Additionally, please note that the forecasts contained in this document may differ from plans and other forward-looking statements in this and other documents.

SUNWELS Co., Ltd.

https://sunwels.jp/pdh/

Contact

https://sunwels.jp/pdh/contact/