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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/2000

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)
FOWLER PROPERTY ACQUISITIONS, LLC

2082 MICHELSON DR., SUITE 400
IRVINE, CA 92612

2b Employer Identification Number (EIN) 33-1083684

2c Plan Sponsor's telephone number 949-399-2500

2d Business code (see instructions) 531190

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.	10/13/2021	JOSEPH CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	JOSEPH CLARK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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**	215
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	**6a(1)**	192
a(2) Total number of active participants at the end of the plan year	**6a(2)**	230
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	256
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	214
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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:

2E 2F 2G 2J 2K 2T 3D 3H

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOWLER PROPERTY ACQUISITIONS, LLC

D Employer Identification Number (EIN)
33-1083684

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
36-6071399	70688	517322-000	214	01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
1157	6554

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PENSION PROFESSIONALS, INC.
30212 TOMAS, SUITE 275
RANCHO SANTA MARGARITA, CA 92688

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	6554	TPA FEES PAID	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UBS FINANCIAL ERVICES, INC.
1200 HARBOR BLVD, 8TH FLOOR
WEEHAWKEN, NJ 07086

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1157	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOWLER PROPERTY ACQUISITIONS, LLC

D Employer Identification Number (EIN)
33-1083684

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).. . . . . [X] 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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
15 37 52 62 64 67	RECORDKEEPER	38657	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PENSION PROFESSIONALS, INC.

33-0001867

(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?
15 37 64	RECORDKEEPER	3250	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

UBS FINANCIAL SERVICES, INC.

51-0120742

(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?
22 23 53	BROKER	40131	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [ ]

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)

(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 ☐

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FOWLER PROPERTY ACQUISITIONS, LLC

D Employer Identification Number (EIN)
33-1083684

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA RETIREMENT SOLUTION

b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-000	P	15180582

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOWLER PROPERTY ACQUISITIONS, LLC

D Employer Identification Number (EIN)
33-1083684

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	83337	137121
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12911588	15180852
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	12994925	15317973
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12994925	15317973

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)	246351	
	(B) Participants	2a(1)(B)	1267426	
	(C) Others (including rollovers)	2a(1)(C)	151709	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1665486
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	4757	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4757
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	215707	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		215707
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		0
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		0
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		2236633
c Other income	**2c**		0
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		4122583
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	1757188	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		1757188
f Corrective distributions (see instructions)	**2f**		0
g Certain deemed distributions of participant loans (see instructions)	**2g**		0
h Interest expense	**2h**		0
i Administrative expenses: **(1)** Professional fees	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	42347	
(3) Investment advisory and management fees	**2i(3)**	0	
(4) Other	**2i(4)**	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**2i(5)**		42347
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		1799535
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		2323048
l Transfers of assets:			
(1) To this plan	**2l(1)**		0
(2) From this plan	**2l(2)**		0

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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) [X] 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: LAVINE LOFGREN MORRIS ENGELBERG LLP **(2)** EIN: 33-0690020

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

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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.)	**4a**	X		107737

			Yes	No	Amount
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.)	**4b**		X	
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.)	**4c**		X	
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.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
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?	**4g**		X	
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?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
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.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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	**4n**			

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FOWLER PROPERTY ACQUISITIONS, LLC

D Employer Identification Number (EIN)
33-1083684

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**

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): 36-6071399

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 contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

FOWLER PROPERTY ACQUISITIONS, LLC
RETIREMENT SAVINGS PLAN

INDEPENDENT AUDITORS' REPORT,
FINANCIAL STATEMENTS, AND
SUPPLEMENTAL SCHEDULES

For the Year Ended December 31, 2020

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
Fowler Property Acquisitions, LLC Retirement Savings Plan
Irvine, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Fowler Property Acquisitions, LLC Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6 to the financial statements, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules (Schedule H, Part IV, Line 4a and Schedule H, Part IV, Line 4i) as of and for the year ended December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Other Matter – Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our disclaimer of opinion is not modified with respect to this matter.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Lavine, Lofgren, Morin & Engelberg, LLP

La Jolla, California
October 13, 2021

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits – Modified Cash Basis
As of December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments, at fair value	$ 15,180,852	$ 12,911,588
Notes receivable from participants	137,121	83,337
Total assets	15,317,973	12,994,925
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,317,973	$ 12,994,925

See accompanying notes to financial statements.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis
For the Year Ended December 31, 2020

Additions to net assets attributed to:	
Investment income:	
Net realized and unrealized appreciation in fair value of registered investment companies	$ 2,236,633
Dividend income	215,707
Net investment income	2,452,340
Interest income on notes receivable from participants	4,757
Contributions:	
Participants - current	1,267,426
Participants - rollover	151,709
Employer - matching	246,351
Total contributions	1,665,486
Total additions	4,122,583
Deductions from net assets attributed to:	
Benefits paid to participants	1,757,188
Administrative expenses	42,347
Total deductions	1,799,535
Increase in net assets available for benefits	2,323,048
Net assets available for benefits:	
Beginning of year	12,994,925
End of year	$ 15,317,973

See accompanying notes to financial statements.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis
For the Year Ended December 31, 2020

NOTE 1. DESCRIPTION OF THE PLAN

Fowler Property Acquisitions, LLC Retirement Savings Plan (the "Plan") is a defined contribution plan established on July 20, 2015 covering all eligible employees of the Company. The Plan is sponsored by Fowler Property Acquisitions, LLC, Trinity Property Consultants, LLC, Redwood Construction Company, Inc., and Red Tail Acquisitions, LLC (collectively the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the provisions of the Internal Revenue Code (the "Code").

The following description of the Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

Eligibility

Employees become eligible to participate in the Plan on the date they turn 18 years old. Employees that are members of an employee classification that indirectly imposes an hours of service requirement (i.e. part-time, seasonal, or temporary), are eligible to participate once they attain the age of 21 and have completed 1,000 hours of service during an eligibility computation period, as defined. Ineligible employees include employees who are non-resident aliens deriving no earned income form the Company and employees covered by a collective bargaining agreement. The eligibility requirements for employer matching are the same.

Participant Contributions

Participants may elect to contribute any percentage of their eligible compensation, as defined by the Plan, up to the maximum allowed by the Code. The Plan permits both pre-tax deferral contributions and after-tax amounts designated as "Roth" contributions. In addition, employees who are age 50 or older may elect to defer additional amounts (referred to as "catch-up contributions") to the Plan up to the maximum allowed by the Code.

Eligible employees and participants may also contribute amounts representing rollover distributions from other qualified sources.

Employer Matching Contributions

The Company may make a discretionary matching contribution to the Plan. Matching contributions, if any, shall be determined annually and will be allocated as a percentage of each tier of salary deferrals as determined by the Company. For the Plan year ended December 31, 2020, the Company elected to make a discretionary matching contribution in an amount equal to 33% of each dollar contributed by a participant, up to 2% of eligible compensation. Catch-up contributions are not eligible for employer matching contributions.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contributions portion of their accounts is based on years of continuous service. Participants vest in the Company's contributions ratably over 3 years. A participant is 100% vested after three years of credited service or upon normal retirement age of 65, death, or disability.

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) Plan earnings or losses, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Upon enrollment in the Plan, participants may direct employee and employer contributions in any of the Plan's investment options. Subsequently, participants may change their allocations and transfer account balances between the investment options in accordance with the Plan.

Notes Receivable from Participants

Participants may borrow from their account balance a minimum of $1,000 up to a maximum generally equal to the lesser of $50,000 or 50% of their vested account balance. Loans are required to be repaid within five years unless the loan is to be used for the purchase of a primary residence of the participant, in which case the loan repayment period is a maximum of twenty-five years. The loan is secured by the participant's vested interest in his or her account. Written consent of the participant's spouse, if any, is required within ninety days before the date on which the loan is to be secured. The interest rate for a loan will be the rate in effect in the month the loan is effective. The interest rate is the prime rate as published in The Wall Street Journal as of the date of the loan, plus one percent. As of December 31, 2019, the interest rates on participant loans range from 4.25% to 6.00%. Principal and interest are paid regularly through payroll deductions.

Forfeitures

Forfeitures of Company contributions may be used to reduce the Company's contribution under the Plan or to pay Plan expenses. As of December 31, 2020 and 2019, there was a balance of $11,403 and $7,939 in the forfeiture account, respectively. For the year ended December 31, 2020, $3,360 was forfeited, there were $104 in earnings, and no funds from the forfeiture account were used to reduce employer contributions or pay Plan expenses.

Payment of Benefits

Upon termination, retirement, death, or disability, participants may elect to receive a distribution of their account in a single lump-sum cash distribution, or defer distribution if their account exceeds $5,000. Upon separation of a participant from the Company, at its discretion, the Plan may elect to distribute vested account balances of less than $5,000 to an individual retirement account or if under $1,000, a cash distribution.

Normal retirement age is 65 and the Plan does not allow for early retirement. Participants who are age 59½ or older may withdraw all or part of their vested account balance. The Plan also permits hardship distributions from a participant's vested account balance, in accordance with Plan and IRC provisions regarding qualifying expenses. Any vested benefits will be paid to a participant's beneficiary upon death of a participant.

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits (Continued)

In February 2018, Congress passed the Bipartisan Budget Act (the "Act"). Among other things, the Act provides relief on hardship withdrawal requirements including the following: (1) a participant will not be required to obtain a plan loan before requesting a hardship withdrawal, (2) a participant's deferral contributions will not be suspended after receipt of a hardship withdrawal, and (3) earnings on elective deferral contributions in a participant's account will be eligible for hardship withdrawal purposes. The provisions of the Act were implemented operationally beginning January 1, 2020 prior to formally amending the Plan document. Plan management expects to formally amend the Plan by December 31, 2021.

Pursuant to the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE" Act), which became law on December 20, 2019, participants may defer taking distributions as follows:

- If a participant reached the age of 70½ in 2019, the participant may defer receiving distributions until the later of April 1, 2020, or the April following the calendar year in which the participant retires;
- If a participant reaches the age of 70½ in 2020 or later, the participant may defer receiving distributions until the later of the April following the calendar year in which the participant reaches age 72 or retires.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under this method, contributions and revenues are recognized when received, rather than when earned, and expenses and excess contributions are recorded when paid, not when incurred.

Estimates and Assumptions

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussions of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recognized when received. Net realized and unrealized appreciation (depreciation) in fair value of investments includes the Plan's realized and unrealized gains and losses on investments bought and sold as well as held during the year.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when received. Related fees are recorded as administrative expenses and are expensed when they are paid. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits to participants are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of distributions and notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net realized and unrealized appreciation (depreciation) in fair value of investments.

Adoption of New Accounting Standard

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement.* ASU 2018-13 improves the disclosure requirements for fair value measurements. This new guidance is effective for Plans with fiscal years beginning after December 15, 2019. The Plan adopted ASU 2018-13 effective January 1, 2020. The adoption of ASU 2018-13 did not have a significant impact on the Plan's financial statements.

Subsequent Events

The Plan has evaluated subsequent events through the date of the independent auditors' report, which is the date these financial statements were available to be issued.

NOTE 3. 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. The 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 are described below:

Level 1 – Inputs are unadjusted, quoted market prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Inputs are either directly or indirectly observable for the asset or liability through correlation with related market data at the measurement date and for the duration of the instrument's anticipated life.

Level 3 – Inputs are both unobservable and significant to the overall fair value measurement for the asset or liability at the measurement date. These inputs reflect Plan management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and in the inputs to the model.

NOTE 3. FAIR VALUE MEASUREMENTS (Continued)

The asset's 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 is a description of the valuation methodologies used for assets measured at fair value at December 31, 2020 and 2019. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Registered investment companies (mutual funds): Valued based on the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Group annuity contract – Stable Value Focus Option: Valued at contract value, based on daily reported values as calculated by the annuity provider (Transamerica) according to the contract terms, but generally equal to the contributions made by participants, plus all interest credited (as set on a semi-annual basis), less any amounts transferred or distributed, and any charges deducted as described in the contract. The Stable Value Focus Option is fully benefit-responsive, but is not considered a guaranteed interest contract or common/collective trust and there is no stated minimum or maximum interest rate. The investment is considered a deposit liability to the issuer with no defined maturities, and the rates set by Transamerica are competitive based on similar investments such as money market or certificate-of-deposit-type investments. As such, the investment is fairly valued at its contract value.

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. In addition, although Plan management 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.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 14,737,286	$ -	$ -	$ 14,737,286
Stable value focus option	-	443,566	-	443,566
Total investments at fair value	$ 14,737,286	$ 443,566	$ -	$ 15,180,852

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 12,490,770	$ -	$ -	$ 12,490,770
Stable value focus option	-	420,818	-	420,818
Total investments at fair value	$ 12,490,770	$ 420,818	$ -	$ 12,911,588

NOTE 4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5. INCOME TAX STATUS

The Plan has adopted a prototype plan and relies upon the prototype plan's opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2014. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the accompanying financial statements.

The modified cash basis of accounting requires Plan management to evaluate tax positions taken by the Plan and consider disclosure if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. No provision for income taxes has been included in the accompanying financial statements. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 6. INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan's investments were held by Reliance Trust Company, the custodian of the Plan, as of December 31, 2020 and 2019. All investments are participant-directed. All investment information disclosed in the accompanying financial statements including investments held at December 31, 2020 and 2019, and in the supplemental schedule (Schedule H, Part IV, Line 4i) as of December 31, 2020, and net realized and unrealized appreciation in fair value of registered investment companies and interest and dividend income for the year ended December 31, 2020, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by the custodian of the Plan.

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Company provides administrative services for the Plan at no cost to the Plan and certain costs of the Plan's operating expenses are paid by the Company. Certain of the Plan's investments are managed by the recordkeeper of the Plan. These transactions qualify as exempt party-in-interest transactions.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investments are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits – modified cash basis.

NOTE 9. DELINQUENT REMITTANCES

During 2019, the Company identified various instances where amounts withheld from employees during 2017 through 2019, totaling $1,233,096, were not remitted to the Plan within the reasonableness timeframe established by the Department of Labor ("DOL"). In November and December 2019, the Company remitted lost earnings in the amount of $8,441 and $1,045, respectively, to the affected participants' accounts. During 2020, the Company identified additional instances totaling $107,737 where amounts withheld were not remitted to the Plan in a timely manner. The Company remitted lost earnings of $655 to affected participants' accounts in regards to one of these instances in July 2020. In connection with a DOL audit of the Plan, the DOL identified additional amounts withheld from employees from 2017 to 2020, totaling $1,062,628, that were not remitted to the Plan in a timely manner. On October 12, 2021, the Plan remitted an additional $33,016 to the Plan in regards to lost earnings identified by the DOL. Plan management and the third-party administrator are taking steps to avoid recurrence of these issues.

NOTE 10. COVID-19

In December 2019, a novel strain of coronavirus was reported to have surfaced in China. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The spread of this virus beyond China and within the United States of America ("U.S.") caused business disruption throughout 2020 as well as significant economic uncertainty and volatility in financial markets. The effects of the pandemic are ongoing, and considerable uncertainty remains, including the continuing necessity for restrictions and the long-term effectiveness of vaccines. As such, Plan management is unable to estimate the impacts of the pandemic on the Plan's future operations, if any. The financial statements contain no adjustments relating to the potential future effects of the pandemic.

SUPPLEMENTAL SCHEDULES

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions – Modified Cash Basis
For the Year Ended December 31, 2020

EIN: 33-1083684
Plan Number: 001

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments Are Included ☑	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 25,110	01/13/17	03/07/17	$ -	$ 25,110 †	$ -	$ -
4,148	01/13/17	03/07/17	-	4,148 †	-	-
29,489	01/31/17	03/08/17	-	29,489 †	-	-
29,788	02/15/17	04/25/17	-	29,788 †	-	-
29,881	02/28/17	04/25/17	-	29,881 †	-	-
30,310	03/15/17	05/30/17	-	30,310 †	-	-
30,457	03/31/17	05/30/17	-	30,457 †	-	-
30,146	04/14/17	05/30/17	-	30,146 †	-	-
31,036	04/28/17	05/30/17	-	31,036 †	-	-
31,051	05/15/17	05/30/17	-	31,051 †	-	-
30,889	05/31/17	08/22/17	-	30,889 †	-	-
32,206	06/15/17	08/22/17	-	32,206 †	-	-
33,436	06/30/17	08/22/17	-	33,436 †	-	-
33,253	07/14/17	08/22/17	-	33,253 †	-	-
33,003	07/31/17	08/22/17	-	33,003 †	-	-
31,807	08/15/17	10/02/17	-	31,807 †	-	-
15,220	08/31/17	09/19/17	-	15,220 †	-	-
16,421	08/31/17	10/02/17	-	16,421 †*	-	-
18,902	09/15/17	10/02/17	-	18,902 †*	-	-
14,445	09/15/17	03/07/19	-	14,445 †	-	-
278	09/15/17	03/28/19	-	278 †	-	-
296	09/15/17	02/15/19	-	296 †	-	-
31,314	10/13/17	11/17/17	-	31,314 †*	-	-
475	10/13/17	04/15/19	-	475 †^	-	-
28,240	10/31/17	03/07/19	-	28,240 †	-	-
278	10/31/17	03/28/19	-	278 †*	-	-

See accompanying independent auditors' report.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions – Modified Cash Basis (Continued)
For the Year Ended December 31, 2020

EIN: 33-1083684
Plan Number: 001

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments Are Included ☑	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 483	10/31/17	04/15/19	$ -	$ 483 †^	$ -	$ -
1,722	10/31/17	06/12/19	-	1,722 †^	-	-
267	10/31/17	07/30/19	-	267 †^	-	-
13,700	11/15/17	12/22/17	-	13,700 †*	-	-
15,676	11/15/17	01/02/18	-	15,676 †*	-	-
2,723	11/15/17	03/07/19	-	2,723 †^	-	-
31,945	11/30/17	01/02/18	-	31,945 †*	-	-
21,984	12/15/17	01/10/18	-	21,984 †	-	-
10,031	12/15/17	02/14/18	-	10,031 †*	-	-
21,741	12/29/17	01/10/18	-	21,741 †	-	-
9,246	12/29/17	02/14/18	-	9,246 †*	-	-
33,868	01/12/18	02/14/18	-	33,868 †*	-	-
8,442	01/31/18	02/14/18	-	8,442 †	-	-
26,264	01/31/18	03/07/19	-	26,264 †*	-	-
33,747	02/15/18	02/28/18	-	33,747 †	-	-
24,727	02/28/18	03/23/18	-	24,727 †*	-	-
10,201	02/28/18	03/07/19	-	10,201 †*	-	-
34,526	03/15/18	04/06/18	-	34,526 †*	-	-
6,021	03/30/18	04/06/18	-	6,021 †	-	-
27,138	03/30/18	04/09/18	-	27,138 †	-	-
30,547	04/13/18	05/30/18	-	30,547 †*	-	-
2,808	04/13/18	03/12/19	-	2,808 †*	-	-
33,355	04/30/18	05/30/18	-	33,355 †*	-	-
33,525	05/15/18	05/30/18	-	33,525 †	-	-
34,525	05/31/18	06/19/18	-	34,525 †*	-	-
34,636	06/29/18	08/08/18	-	34,636 †*	-	-

See accompanying independent auditors' report.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions – Modified Cash Basis (Continued)
For the Year Ended December 31, 2020

EIN: 33-1083684
Plan Number: 001

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments Are Included ☑	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
$ 34,636	07/13/18	08/08/18	$ -	$ 34,636 †*	$ -	$ -
34,636	07/31/18	08/28/18	-	34,636 †*	-	-
34,992	08/15/18	08/28/18	-	34,992 †	-	-
34,992	08/31/18	10/23/18	-	34,992 †*	-	-
34,992	09/14/18	10/23/18	-	34,992 †*	-	-
36,598	09/28/18	10/23/18	-	36,598 †*	-	-
36,737	10/15/18	10/23/18	-	36,737 †	-	-
40,060	11/15/18	12/06/18	-	40,060 †*	-	-
40,899	12/14/18	01/02/19	-	40,899 †*	-	-
39,886	01/15/19	02/05/19	-	39,886 †^	-	-
41,347	02/15/19	03/07/19	-	41,347 †^	-	-
41,202	02/28/19	03/07/19	-	41,202 †	-	-
45,824	03/15/19	04/10/19	-	45,824 †^	-	-
35,072	03/29/19	04/10/19	-	35,072 †	-	-
5,627	03/29/19	05/06/19	-	5,627 †^	-	-
19,152	04/15/19	05/06/19	-	19,152 †^	-	-
24,526	04/15/19	06/20/19	-	24,526 †^	-	-
39,020	05/15/19	06/21/19	-	39,020 †^	-	-
4,865	05/15/19	06/20/19	-	4,865 †^	-	-
45,789	05/31/19	06/21/19	-	45,789 †^	-	-
45,998	06/14/19	06/25/19	-	45,998 †	-	-
45,577	06/28/19	07/09/19	-	45,577 †	-	-
45,577	07/15/19	08/19/19	-	45,577 †^	-	-
46,689	07/31/19	08/19/19	-	46,689 †^	-	-
47,348	09/13/19	10/02/19	-	47,348 †^	-	-
47,348	09/30/19	10/15/19	-	47,348 †	-	-

See accompanying independent auditors' report.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions – Modified Cash Basis (Continued)
For the Year Ended December 31, 2020

EIN: 33-1083684
Plan Number: 001

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments Are Included ☑	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
$ 47,070	10/15/19	10/22/19	$ -	$ 47,070 †	$ -	$ -
55,125	02/14/20	02/28/20	-	55,125 †	-	-
49,560	03/13/20	03/27/20	-	49,560 †	-	-
47,849	03/31/20	07/15/20	-	47,849 †◊	-	-
5,090	04/30/20	05/19/20	-	5,090 †	-	-
48,005	08/14/20	08/24/20	-	48,005 †	-	-
50,954	09/15/20	09/29/20	-	50,954 †	-	-
54,692	12/15/20	12/31/20	-	54,692 †	-	-
$ 2,403,461			$ -	$ 2,403,461	$ -	$ -

* Delinquent contributions were made on "Date Remitted" as indicated above; related lost earnings of $8,441 were remitted in November 2019.
^ Delinquent contributions were made on "Date Remitted" as indicated above; related lost earnings of $1,045 were remitted in December 2019.
◊ Delinquent contributions were made on "Date Remitted" as indicated above; related lost earnings of $655 were remitted in July 2020.
† Delinquent contributions were made on "Date Remitted" as indicated above; related lost earnings of $33,016 were remitted in October 2021.

See accompanying independent auditors' report.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4i –
Schedule of Assets Held for Investment Purposes
at End of Year – Modified Cash Basis **EIN: 33-1083684**
As of December 31, 2020 **Plan Number: 001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Registered Investment Companies:			
	Oakmark International Investor	Mutual Fund	-	$ 1,195,696
	American Funds New Perspective R3	Mutual Fund	-	1,058,122
	MFS Value R3	Mutual Fund	-	874,371
	JPMorgan Equity Income R5	Mutual Fund	-	806,945
	Vanguard Mid Cap Index Adm	Mutual Fund	-	792,033
	Victory RS Small Cap Growth A	Mutual Fund	-	766,990
	Alger Capital Appreciation Instl I	Mutual Fund	-	723,568
	JPMorgan Mid Cap Growth R6	Mutual Fund	-	684,327
	BlackRock S&P 500 Index K	Mutual Fund	-	681,653
	Delaware Emerging Markets A	Mutual Fund	-	666,099
	PIMCO Extended Duration I-2	Mutual Fund	-	652,748
	Victory RS Growth Y	Mutual Fund	-	635,537
	AB Large Cap Growth I	Mutual Fund	-	633,706
	Nuveen Santa Barbara Dividend Growth I	Mutual Fund	-	590,095
	PIMCO Income A	Mutual Fund	-	580,935
	Hartford Core Equity R5	Mutual Fund	-	573,283
	PIMCO StocksPLUS Small I-2	Mutual Fund	-	572,889
	Principal Real Estate Securities Inst	Mutual Fund	-	560,700
	MFS Corporate Bond R3	Mutual Fund	-	434,860
	Columbia Quality Income Adv	Mutual Fund	-	397,616
	Principal High Yield A	Mutual Fund	-	312,593
	MFS Technology R6	Mutual Fund	-	185,021
	PIMCO International Bond (USD Hedged) I-2	Mutual Fund	-	129,973
	Goldman Sachs Emerging Market Debt A	Mutual Fund	-	104,967
	Davis Financial Y	Mutual Fund	-	70,895
	Hotchkis & Wiley Value Opps Instl	Mutual Fund	-	25,025
	American Funds Capital Inc. Bldr R3	Mutual Fund	-	10,839
	BlackRock Global Allocation Instl	Mutual Fund	-	7,733
	BlackRock Health Sciences Opps Instl	Mutual Fund	-	4,957
	BlackRock Multi-Asset Income Instl	Mutual Fund	-	2,505
	MFS Utilities R3	Mutual Fund	-	570
	Oakmark Equity and Income Investor	Mutual Fund	-	35
	Group Annuity Contract:			
*	Transamerica Stable Value Focus Option	Stable Value Fund	-	443,566
*	Participant Loans	Interest rates of 4.25% to 6.00%; maturities vary	-0-	137,121
		Total		$ 15,317,973

* Party-in-interest.

(1) In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

See accompanying independent auditors' report.

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of 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)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/2000

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)

FOWLER PROPERTY ACQUISITIONS, LLC

2082 MICHELSON DR., SUITE 400

US IRVINE CA 92612

2b Employer Identification Number (EIN) 33-1083684

2c Plan Sponsor's telephone number (949) 399-2500

2d Business code (see instructions) 531190

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	Signature of plan administrator	Date 10/13/21	JOSEPH CLARK Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 10/13/21	JOSEPH CLARK 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 [x] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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 and the plan name and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name **c** Plan name	**4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	215
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	**6a(1)**	192
a(2) Total number of active participants at the end of the plan year	**6a(2)**	230
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	256
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	214
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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:

2E 2F 2G 2J 2K 2T 3D 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [x]	Insurance	(1) [x]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [x]	Trust	(3) [x]	Trust
(4) [ ]	General assets of the sponsor	(4) [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		**b** General Schedules		
(1) [x]	**R** (Retirement Plan Information)	(1) [x]		**H** (Financial Information)
(2) [ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ]		**I** (Financial Information - Small Plan)
		(3) [x]	1	**A** (Insurance Information)
		(4) [x]		**C** (Service Provider Information)
(3) [ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [x]		**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions – Modified Cash Basis
For the Year Ended December 31, 2020

EIN: 33-1083684
Plan Number: 001

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments Are Included ☑	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 25,110	01/13/17	03/07/17	$ -	$ 25,110 †	$ -	$ -
4,148	01/13/17	03/07/17	-	4,148 †	-	-
29,489	01/31/17	03/08/17	-	29,489 †	-	-
29,788	02/15/17	04/25/17	-	29,788 †	-	-
29,881	02/28/17	04/25/17	-	29,881 †	-	-
30,310	03/15/17	05/30/17	-	30,310 †	-	-
30,457	03/31/17	05/30/17	-	30,457 †	-	-
30,146	04/14/17	05/30/17	-	30,146 †	-	-
31,036	04/28/17	05/30/17	-	31,036 †	-	-
31,051	05/15/17	05/30/17	-	31,051 †	-	-
30,889	05/31/17	08/22/17	-	30,889 †	-	-
32,206	06/15/17	08/22/17	-	32,206 †	-	-
33,436	06/30/17	08/22/17	-	33,436 †	-	-
33,253	07/14/17	08/22/17	-	33,253 †	-	-
33,003	07/31/17	08/22/17	-	33,003 †	-	-
31,807	08/15/17	10/02/17	-	31,807 †	-	-
15,220	08/31/17	09/19/17	-	15,220 †	-	-
16,421	08/31/17	10/02/17	-	16,421 †*	-	-
18,902	09/15/17	10/02/17	-	18,902 †*	-	-
14,445	09/15/17	03/07/19	-	14,445 †	-	-
278	09/15/17	03/28/19	-	278 †	-	-
296	09/15/17	02/15/19	-	296 †	-	-
31,314	10/13/17	11/17/17	-	31,314 †*	-	-
475	10/13/17	04/15/19	-	475 †^	-	-
28,240	10/31/17	03/07/19	-	28,240 †	-	-
278	10/31/17	03/28/19	-	278 †*	-	-

See accompanying independent auditors' report.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions – Modified Cash Basis (Continued) **EIN: 33-1083684**
For the Year Ended December 31, 2020 **Plan Number: 001**

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments Are Included ☑	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
$ 483	10/31/17	04/15/19	$ -	$ 483 †^	$ -	$ -
1,722	10/31/17	06/12/19	-	1,722 †^	-	-
267	10/31/17	07/30/19	-	267 †^	-	-
13,700	11/15/17	12/22/17	-	13,700 †*	-	-
15,676	11/15/17	01/02/18	-	15,676 †*	-	-
2,723	11/15/17	03/07/19	-	2,723 †^	-	-
31,945	11/30/17	01/02/18	-	31,945 †*	-	-
21,984	12/15/17	01/10/18	-	21,984 †	-	-
10,031	12/15/17	02/14/18	-	10,031 †*	-	-
21,741	12/29/17	01/10/18	-	21,741 †	-	-
9,246	12/29/17	02/14/18	-	9,246 †*	-	-
33,868	01/12/18	02/14/18	-	33,868 †*	-	-
8,442	01/31/18	02/14/18	-	8,442 †	-	-
26,264	01/31/18	03/07/19	-	26,264 †*	-	-
33,747	02/15/18	02/28/18	-	33,747 †	-	-
24,727	02/28/18	03/23/18	-	24,727 †*	-	-
10,201	02/28/18	03/07/19	-	10,201 †*	-	-
34,526	03/15/18	04/06/18	-	34,526 †*	-	-
6,021	03/30/18	04/06/18	-	6,021 †	-	-
27,138	03/30/18	04/09/18	-	27,138 †	-	-
30,547	04/13/18	05/30/18	-	30,547 †*	-	-
2,808	04/13/18	03/12/19	-	2,808 †*	-	-
33,355	04/30/18	05/30/18	-	33,355 †*	-	-
33,525	05/15/18	05/30/18	-	33,525 †	-	-
34,525	05/31/18	06/19/18	-	34,525 †*	-	-
34,636	06/29/18	08/08/18	-	34,636 †*	-	-

See accompanying independent auditors' report.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions – Modified Cash Basis (Continued) **EIN: 33-1083684**
For the Year Ended December 31, 2020 **Plan Number: 001**

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments Are Included ☑	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
$ 34,636	07/13/18	08/08/18	$ -	$ 34,636 †*	$ -	$ -
34,636	07/31/18	08/28/18	-	34,636 †*	-	-
34,992	08/15/18	08/28/18	-	34,992 †	-	-
34,992	08/31/18	10/23/18	-	34,992 †*	-	-
34,992	09/14/18	10/23/18	-	34,992 †*	-	-
36,598	09/28/18	10/23/18	-	36,598 †*	-	-
36,737	10/15/18	10/23/18	-	36,737 †	-	-
40,060	11/15/18	12/06/18	-	40,060 †*	-	-
40,899	12/14/18	01/02/19	-	40,899 †*	-	-
39,886	01/15/19	02/05/19	-	39,886 †^	-	-
41,347	02/15/19	03/07/19	-	41,347 †^	-	-
41,202	02/28/19	03/07/19	-	41,202 †	-	-
45,824	03/15/19	04/10/19	-	45,824 †^	-	-
35,072	03/29/19	04/10/19	-	35,072 †	-	-
5,627	03/29/19	05/06/19	-	5,627 †^	-	-
19,152	04/15/19	05/06/19	-	19,152 †^	-	-
24,526	04/15/19	06/20/19	-	24,526 †^	-	-
39,020	05/15/19	06/21/19	-	39,020 †^	-	-
4,865	05/15/19	06/20/19	-	4,865 †^	-	-
45,789	05/31/19	06/21/19	-	45,789 †^	-	-
45,998	06/14/19	06/25/19	-	45,998 †	-	-
45,577	06/28/19	07/09/19	-	45,577 †	-	-
45,577	07/15/19	08/19/19	-	45,577 †^	-	-
46,689	07/31/19	08/19/19	-	46,689 †^	-	-
47,348	09/13/19	10/02/19	-	47,348 †^	-	-
47,348	09/30/19	10/15/19	-	47,348 †	-	-

See accompanying independent auditors' report.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4a –
Schedule of Delinquent Participant Contributions – Modified Cash Basis (Continued) **EIN: 33-1083684**
For the Year Ended December 31, 2020 **Plan Number: 001**

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments Are Included ☑	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
$ 47,070	10/15/19	10/22/19	$ -	$ 47,070 †	$ -	$ -
55,125	02/14/20	02/28/20	-	55,125 †	-	-
49,560	03/13/20	03/27/20	-	49,560 †	-	-
47,849	03/31/20	07/15/20	-	47,849 †◊	-	-
5,090	04/30/20	05/19/20	-	5,090 †	-	-
48,005	08/14/20	08/24/20	-	48,005 †	-	-
50,954	09/15/20	09/29/20	-	50,954 †	-	-
54,692	12/15/20	12/31/20	-	54,692 †	-	-
$ 2,403,461			$ -	$ 2,403,461	$ -	$ -

* Delinquent contributions were made on "Date Remitted" as indicated above; related lost earnings of $8,441 were remitted in November 2019.
^ Delinquent contributions were made on "Date Remitted" as indicated above; related lost earnings of $1,045 were remitted in December 2019.
◊ Delinquent contributions were made on "Date Remitted" as indicated above; related lost earnings of $655 were remitted in July 2020.
† Delinquent contributions were made on "Date Remitted" as indicated above; related lost earnings of $33,016 were remitted in October 2021.

See accompanying independent auditors' report.

FOWLER PROPERTY ACQUISITIONS, LLC RETIREMENT SAVINGS PLAN

Attachment for Form 5500 – Schedule H, Part IV, Line 4i –
Schedule of Assets Held for Investment Purposes
at End of Year – Modified Cash Basis **EIN: 33-1083684**
As of December 31, 2020 **Plan Number: 001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost[1]	(e) Current value
	Registered Investment Companies:			
	Oakmark International Investor	Mutual Fund	-	$ 1,195,696
	American Funds New Perspective R3	Mutual Fund	-	1,058,122
	MFS Value R3	Mutual Fund	-	874,371
	JPMorgan Equity Income R5	Mutual Fund	-	806,945
	Vanguard Mid Cap Index Adm	Mutual Fund	-	792,033
	Victory RS Small Cap Growth A	Mutual Fund	-	766,990
	Alger Capital Appreciation Instl I	Mutual Fund	-	723,568
	JPMorgan Mid Cap Growth R6	Mutual Fund	-	684,327
	BlackRock S&P 500 Index K	Mutual Fund	-	681,653
	Delaware Emerging Markets A	Mutual Fund	-	666,099
	PIMCO Extended Duration I-2	Mutual Fund	-	652,748
	Victory RS Growth Y	Mutual Fund	-	635,537
	AB Large Cap Growth I	Mutual Fund	-	633,706
	Nuveen Santa Barbara Dividend Growth I	Mutual Fund	-	590,095
	PIMCO Income A	Mutual Fund	-	580,935
	Hartford Core Equity R5	Mutual Fund	-	573,283
	PIMCO StocksPLUS Small I-2	Mutual Fund	-	572,889
	Principal Real Estate Securities Inst	Mutual Fund	-	560,700
	MFS Corporate Bond R3	Mutual Fund	-	434,860
	Columbia Quality Income Adv	Mutual Fund	-	397,616
	Principal High Yield A	Mutual Fund	-	312,593
	MFS Technology R6	Mutual Fund	-	185,021
	PIMCO International Bond (USD Hedged) I-2	Mutual Fund	-	129,973
	Goldman Sachs Emerging Market Debt A	Mutual Fund	-	104,967
	Davis Financial Y	Mutual Fund	-	70,895
	Hotchkis & Wiley Value Opps Instl	Mutual Fund	-	25,025
	American Funds Capital Inc. Bldr R3	Mutual Fund	-	10,839
	BlackRock Global Allocation Instl	Mutual Fund	-	7,733
	BlackRock Health Sciences Opps Instl	Mutual Fund	-	4,957
	BlackRock Multi-Asset Income Instl	Mutual Fund	-	2,505
	MFS Utilities R3	Mutual Fund	-	570
	Oakmark Equity and Income Investor	Mutual Fund	-	35
	Group Annuity Contract:			
*	Transamerica Stable Value Focus Option	Stable Value Fund	-	443,566
*	Participant Loans	Interest rates of 4.25% to 6.00%; maturities vary	-0-	137,121
		Total		$ 15,317,973

* Party-in-interest.

(1) In accordance with Form 5500 instructions, cost information with respect to participant or beneficiary directed investments under an individual account plan may be omitted.

See accompanying independent auditors' report.