

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                   |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                            |
| 1a      | Name of plan<br>THE LINCOLN PROPERTY COMPANY 401(K) RETIREMENT AND SAVINGS PLAN                                                                                                                                                                                                                                                   |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                |
| 1c      | Effective date of plan<br>01/01/1988                                                                                                                                                                                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>LPC SERVICES, INC.<br><br>500 N. AKARD ST.<br>STE. 700<br>DALLAS, TX 75201 |
| 2b      | Employer Identification Number (EIN)<br>75-2356213                                                                                                                                                                                                                                                                                |
| 2c      | Plan Sponsor's telephone number<br>214-740-4452                                                                                                                                                                                                                                                                                   |
| 2d      | Business code (see instructions)<br>531310                                                                                                                                                                                                                                                                                        |

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. | 10/04/2024 | CONNIE ARZOLA                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                               |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7296 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |
| <b>6a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4250 |
| <b>6a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3586 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1394 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4980 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4997 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>6g(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4884 |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6g(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2520 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 241  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 2U 3H                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:<br>4B                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                        |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                        |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached <u>0</u><br>(5) <input checked="" type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>THE LINCOLN PROPERTY COMPANY 401(K) RETIREMENT AND SAVINGS PLAN          | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>LPC SERVICES, INC.               | D Employer Identification Number (EIN)<br>75-2356213 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                           |
| 42-0127290                                                                                                 |

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50<br>64         | CONTRACT ADMINISTRATOR                                                                            | 294939                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

CAPFINANCIAL PARTNERS, L

26-0058143

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT ADVISORY                                                                               | 16250                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WHITLEY PENN LLP

75-2393478

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 13 50               | ACCOUNTANT                                                                                        | 31106                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                 |                                                                  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>THE LINCOLN PROPERTY COMPANY 401(K) RETIREMENT AND SAVINGS PLAN</div>   | <div>B Three-digit plan number (PN) ▶ 001</div>                  |
| <div>C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br/>LPC SERVICES, INC.</div> | <div>D Employer Identification Number (EIN)<br/>75-2356213</div> |

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

|                                                                     |                 |                                                                                                       |
|---------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN E    |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): SEI TRUST COMPANY        |                 |                                                                                                       |
| c EIN-PN 52-2250951-001                                             | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 861      |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2020 TRUST II |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): VANGUARD GROUP           |                 |                                                                                                       |
| c EIN-PN 90-6083982-001                                             | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6573159  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2025 TRUST II |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): VANGUARD GROUP           |                 |                                                                                                       |
| c EIN-PN 90-6083980-001                                             | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13890993 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2030 TRUST II |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): VANGUARD GROUP           |                 |                                                                                                       |
| c EIN-PN 90-6083978-001                                             | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15488045 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2035 TRUST II |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): VANGUARD GROUP           |                 |                                                                                                       |
| c EIN-PN 90-6083976-001                                             | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13906444 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2040 TRUST II |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): VANGUARD GROUP           |                 |                                                                                                       |
| c EIN-PN 90-6083974-001                                             | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13771035 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2045 TRUST II |                 |                                                                                                       |
| b Name of sponsor of entity listed in (a): VANGUARD GROUP           |                 |                                                                                                       |
| c EIN-PN 90-6083972-001                                             | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13833634 |

|                                                                                    |                        |                                                                                                              |
|------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2050 TRUST II         |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD GROUP                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-6083970-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10433927 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2055 TRUST II         |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD GROUP                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 27-6715091-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8176220  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2060 TRUST II         |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD GROUP                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 45-3799419-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3654324  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT INC TRUST II          |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD GROUP                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-6083967-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2141119  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST STBL INC ADM 0       |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY         |                        |                                                                                                              |
| <b>c</b> EIN-PN 41-0007957-060                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19618846 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VGD TRGT RTMT 2065 TRUST II         |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY |                        |                                                                                                              |
| <b>c</b> EIN-PN 82-6194314-001                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 644260   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL AGG BD IDX FD - NL T4       |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 45-6138589-088                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1619547  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NT COL S&P 500 IDX FD DC NL T4      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 45-6138589-002                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32036963 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NT COL EXTD EQ MKT IDX DC NL 4      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 45-6138589-110                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1278110  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NT COL ACWI XUS I MT IX DCNL 4      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): NORTHERN TRUST                   |                        |                                                                                                              |
| <b>c</b> EIN-PN 45-6138589-223                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1379588  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE FD CL CT

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-4139822-616 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5072359 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GREATGRAY EURO GROWTH CT

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 38-7289843-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11151703 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR CAPITAL APPREC CIT CL R

**b** Name of sponsor of entity listed in (a): HARBOR TRUST COMPANY, INC.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 84-4022934-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23245006 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                                           |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                                 |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b>               |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                                                                                                                |                                                                                                                                                                                                                                                                              |                                                             |
| <b>A</b> Name of plan<br>THE LINCOLN PROPERTY COMPANY 401(K) RETIREMENT AND SAVINGS PLAN                                                                                                                                  |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>LPC SERVICES, INC.                                                                                                                                       |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br>75-2356213 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 68                    | 532             |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  | 40065                 | 1219            |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 4169148               | 2721084         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 198276900             | 197916144       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 95566409              | 39233012        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 298052590             | 239871991       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 298052590             | 239871991       |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> | 4768332    |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> | 18034424   |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> | 3083680    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 25886436  |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> | 167680     |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 167680    |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 872798     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 872798    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 23783843  |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 17027202  |
| <b>c</b> Other income .....                                                                     | 2c     |            | 33761     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 67771720  |

**Expenses**

|                                                                                             |        |          |          |
|---------------------------------------------------------------------------------------------|--------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 19242447 |          |
| (2) To insurance carriers for the provision of benefits.....                                | 2e(2)  |          |          |
| (3) Other .....                                                                             | 2e(3)  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | 2e(4)  |          | 19242447 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |          | 10354    |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          | 10750    |
| <b>h</b> Interest expense .....                                                             | 2h     |          |          |
| <b>i</b> Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                           | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                        | 2i(2)  | 294939   |          |
| (3) Recordkeeping fees.....                                                                 | 2i(3)  |          |          |
| (4) IQPA audit fees.....                                                                    | 2i(4)  | 19776    |          |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 16250    |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  |          |          |
| (7) Actuarial fees .....                                                                    | 2i(7)  |          |          |
| (8) Legal fees .....                                                                        | 2i(8)  |          |          |
| (9) Valuation/appraisal fees .....                                                          | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                                  | 2i(10) |          |          |
| (11) Other expenses .....                                                                   | 2i(11) |          |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | 2i(12) |          | 330965   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 19594516 |

**Net Income and Reconciliation**

|                                                                               |       |  |           |
|-------------------------------------------------------------------------------|-------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | 2k    |  | 48177204  |
| <b>l</b> Transfers of assets:                                                 |       |  |           |
| (1) To this plan .....                                                        | 2l(1) |  |           |
| (2) From this plan .....                                                      | 2l(2) |  | 106357803 |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **WHITLEY PENN LLP**

(2) EIN: **75-2393478**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 19827  |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
| WILLOW BRIDGE E.C.W LLC      | 75-1979005          | 001                |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                               |                                                                  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>THE LINCOLN PROPERTY COMPANY 401(K) RETIREMENT AND SAVINGS PLAN</div> | <div>B Three-digit plan number (PN) ▶<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>LPC SERVICES, INC.</div>      | <div>D Employer Identification Number (EIN)<br/>75-2356213</div> |

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

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

|                                                                                                                                                                                                                                                                                                                                               |              |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> | <div>0</div> |
| <div>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):<br/><br/>EIN(s): 42-0127290</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> |              |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>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) .....</div>                                                                                                                                                                                                             | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

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

|                                                                                                                                                                                                                                 |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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. ....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2023  
v. 230707

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. \_\_\_\_\_

## **Part VII IRS Compliance Questions**

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE MEP<br/>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b><br><br>This schedule is required to be filed under section 104 of the<br>Employee Retirement Income Security Act of 1974 (ERISA) and<br>Section 6058(a) of the Internal Revenue Code (the Code)<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; text-align: center; padding: 5px; font-size: 1.2em; font-weight: bold;">2023</div><br><br><b>This Form is Open to Public<br/>Inspection</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                              |                                                                              |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning <span style="margin-left: 100px;">01/01/2023</span> and ending <span style="margin-left: 100px;">12/31/2023</span> |                                                                              |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">THE LINCOLN PROPERTY COMPANY 401(K) RETIREMENT AND SAVINGS PLAN</span>                                                   | <b>B</b> Three-digit<br>Plan number (PN) ..... ►                             | <span style="color: blue;">001</span> |
|                                                                                                                                                                              |                                                                              |                                       |
| <b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br><span style="color: blue;">LPC SERVICES, INC.</span>                                     | <b>D</b> Administrator's EIN<br><span style="color: blue;">75-2356213</span> |                                       |

|               |                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Type of Multiple-Employer Pension Plan.</b> All multiple-employer pension plans must complete. |
|---------------|---------------------------------------------------------------------------------------------------|

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☒ other multiple-employer pension plan (Describe) MULTIPLE EMPLOYER PLAN (Complete Part II)

|                |                                            |
|----------------|--------------------------------------------|
| <b>Part II</b> | <b>Participating Employer Information.</b> |
|----------------|--------------------------------------------|

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

|                                                                                                                   |                                                               |                                                                                                          |                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>2a</b> Name of Participating Employer<br><span style="color: blue;">LPC SERVICES</span>                        | <b>2b</b> EIN<br><span style="color: blue;">83-2842968</span> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><span style="color: blue;">1.62</span>  | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><span style="color: blue;">0</span> |
| <b>2a</b> Name of Participating Employer<br><span style="color: blue;">LINCOLN PROPERTY COMPANY COMMERCIAL</span> | <b>2b</b> EIN<br><span style="color: blue;">75-1653011</span> | <b>2c</b> Percentage of Total Contributions for the Plan Year<br><span style="color: blue;">67.98</span> | <b>2d</b> Aggregate Account Balances Attributable to Participating Employer<br><span style="color: blue;">0</span> |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

|                                                                                                                                                                                                  |           |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?                                                                      | <b>2e</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | <b>2f</b> |                                                                     |
| <b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.                                                          | <b>2g</b> |                                                                     |

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**Schedule MEP (2023)  
v. 230728**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

|                                                                                                |                      |                                                                 |                                                                           |
|------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------|
| 2a Name of Participating Employer<br>LINCOLN HARRIS                                            | 2b EIN<br>75-2800507 | 2c Percentage of Total Contributions for the Plan Year<br>10.46 | 2d Aggregate Account Balances Attributable to Participating Employer<br>0 |
| 2a Name of Participating Employer<br>VMSH SERVICES                                             | 2b EIN<br>83-2842968 | 2c Percentage of Total Contributions for the Plan Year<br>13.64 | 2d Aggregate Account Balances Attributable to Participating Employer<br>0 |
| 2a Name of Participating Employer<br>LINCOLN PROPERTY COMPANY<br>RESIDENTIAL SRE LLC-VS4 & VB4 | 2b EIN<br>88-2718180 | 2c Percentage of Total Contributions for the Plan Year<br>6.30  | 2d Aggregate Account Balances Attributable to Participating Employer<br>0 |
| 2a Name of Participating Employer                                                              | 2b EIN               | 2c Percentage of Total Contributions for the Plan Year          | 2d Aggregate Account Balances Attributable to Participating Employer      |
| 2a Name of Participating Employer                                                              | 2b EIN               | 2c Percentage of Total Contributions for the Plan Year          | 2d Aggregate Account Balances Attributable to Participating Employer      |
| 2a Name of Participating Employer                                                              | 2b EIN               | 2c Percentage of Total Contributions for the Plan Year          | 2d Aggregate Account Balances Attributable to Participating Employer      |
| 2a Name of Participating Employer                                                              | 2b EIN               | 2c Percentage of Total Contributions for the Plan Year          | 2d Aggregate Account Balances Attributable to Participating Employer      |
| 2a Name of Participating Employer                                                              | 2b EIN               | 2c Percentage of Total Contributions for the Plan Year          | 2d Aggregate Account Balances Attributable to Participating Employer      |
| 2a Name of Participating Employer                                                              | 2b EIN               | 2c Percentage of Total Contributions for the Plan Year          | 2d Aggregate Account Balances Attributable to Participating Employer      |
| 2a Name of Participating Employer                                                              | 2b EIN               | 2c Percentage of Total Contributions for the Plan Year          | 2d Aggregate Account Balances Attributable to Participating Employer      |

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) .....

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID .....

**THE LINCOLN PROPERTY COMPANY  
401(k) RETIREMENT AND SAVINGS PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2023 and 2022  
with Report of Independent Auditors**

**THE LINCOLN PROPERTY COMPANY  
401(k) RETIREMENT AND SAVINGS PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2023 and 2022**

**Table of Contents**

|                                                                                         |    |
|-----------------------------------------------------------------------------------------|----|
| Report of Independent Auditors .....                                                    | 1  |
| Financial Statements:                                                                   |    |
| Statements of Net Assets Available for Benefits .....                                   | 5  |
| Statements of Changes in Net Assets Available for Benefits .....                        | 6  |
| Notes to Financial Statements .....                                                     | 7  |
| Supplemental Schedules:                                                                 |    |
| Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions ..... | 17 |
| Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....          | 18 |

## REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator of  
The Lincoln Property Company 401(k) Retirement and Savings Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of The Lincoln Property Company 401(k) Retirement and Savings Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (“GAAP”).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for one year after the date that the financial statements are issued.

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

## **Auditor’s Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

#### **Other Matter — Supplemental Schedules Required by ERISA**

The supplemental schedules of Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for the year ended and as of December 31, 2023, are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103 (a)(3)(C).

*Whitley Penn LLP*

Plano, Texas  
October 3, 2024

**THE LINCOLN PROPERTY COMPANY**  
**401(k) RETIREMENT AND SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                    | <b>December 31,</b>          |                              |
|------------------------------------|------------------------------|------------------------------|
|                                    | <b>2023</b>                  | <b>2022</b>                  |
| <b>Assets</b>                      |                              |                              |
| Investments, at fair value         | \$ 237,149,156               | \$ 293,843,309               |
| <b>Receivables</b>                 |                              |                              |
| Notes receivable from participants | 2,721,084                    | 4,169,148                    |
| Participant contributions          | 1,219                        | 40,065                       |
| Employer contributions             | 532                          | 68                           |
| Total receivables                  | <u>2,722,835</u>             | <u>4,209,281</u>             |
| Net assets available for benefits  | <u><u>\$ 239,871,991</u></u> | <u><u>\$ 298,052,590</u></u> |

See accompanying notes to financial statements.

**THE LINCOLN PROPERTY COMPANY**  
**401(k) RETIREMENT AND SAVINGS PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                              | <b>Year Ended December 31,</b><br><b>2023</b> | <b>2022</b>                  |
|--------------------------------------------------------------|-----------------------------------------------|------------------------------|
| <b>Additions to (Reductions from) Net Assets</b>             |                                               |                              |
| Investment income (loss):                                    |                                               |                              |
| Net realized and unrealized gain/(loss) on investments       | \$ 40,913,720                                 | \$ (65,213,417)              |
| Interest and dividends                                       | 872,798                                       | 982,203                      |
| Total investment income (loss)                               | <u>41,786,518</u>                             | <u>(64,231,214)</u>          |
| Interest on participant loans                                | 165,058                                       | 191,955                      |
| Contributions:                                               |                                               |                              |
| Participant                                                  | 18,034,424                                    | 26,159,988                   |
| Employer, net of forfeitures                                 | 4,768,332                                     | 7,254,003                    |
| Rollover                                                     | 3,083,680                                     | 5,347,694                    |
| Total contributions                                          | <u>25,886,436</u>                             | <u>38,761,685</u>            |
| Total additions to (reductions from) net assets              | <u>67,838,012</u>                             | <u>(25,277,574)</u>          |
| <b>Deductions from Net Assets</b>                            |                                               |                              |
| Benefits paid to participants/beneficiaries                  | 19,314,770                                    | 27,374,070                   |
| Administrative expenses                                      | 346,038                                       | 506,381                      |
| Total deductions from net assets                             | <u>19,660,808</u>                             | <u>27,880,451</u>            |
| Net increase (decrease) in net assets available for benefits | 48,177,204                                    | (53,158,025)                 |
| Plan transfer                                                | <u>(106,357,803)</u>                          | <u>-</u>                     |
| Net assets available for benefits at beginning of year       | <u>298,052,590</u>                            | <u>351,210,615</u>           |
| Net assets available for benefits at end of year             | <u><u>\$ 239,871,991</u></u>                  | <u><u>\$ 298,052,590</u></u> |

See accompanying notes to financial statements.

**THE LINCOLN PROPERTY COMPANY  
401(k) RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2023 and 2022**

**A. Description of the Plan**

**General**

The following description of The Lincoln Property Company 401(k) Retirement and Savings Plan (the “Plan”) is provided for general information purposes only. The Plan is sponsored by LPC Services, Inc. (“LPS”). Participants should refer to the Plan document for more complete information.

The Plan was effective January 1, 1988, amended and restated effective January 1, 2023, and is a defined contribution plan covering all eligible employees of the employers listed below. Employees are eligible to participate in the Plan upon attaining age 21. Effective May 1, 2016, employees are required to complete 30 days of service, and the Plan’s entry date is the first day following completion of the 30-day service requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The following affiliated entities collectively comprise the “Employer” during 2023 and 2022:

- LPC Services, Inc. (“LPS”)
- Lincoln Property Company Commercial, Inc. (“LPCC”)
- Lincoln Property Company E.C.W. LLC (“LPC ECW”) (Through January 1, 2023)
- Lincoln Harris LLC (“LH”)
- VMSH Service Company, LLC (“VMSH”)
- Lincoln Property Company – Residential SRE, LLC (“LPCR”)

Effective January 1, 2023, account balances and related net assets and loans of \$106,337,803 related to LPC ECW spun off into the Willow Bridge 401(k) Plan.

**Contributions**

Participants may elect to make pretax contributions to the Plan through a Salary Deferral Agreement whereby amounts are directly withheld from participants’ compensation, up to 25% annually, subject to annual additions and other limitations imposed by the Internal Revenue Code (the “Code”) as defined in the Plan document. Certain highly compensated employees are limited to a 5% – 15% contribution. Eligible participants may also make a rollover contribution to the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make discretionary matching contributions to the Plan as determined annually by its Board of Directors. In 2023 and 2022, the Company did not make any discretionary matching contributions.

**THE LINCOLN PROPERTY COMPANY  
401(k) RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**A. Description of the Plan – continued**

**Contributions – continued**

In any Plan year, the Employer may make matching contributions to the Plan, which is allocated to participants' accounts. For the Plan years ended December 31, 2023 and 2022, all entities of the Employer made matching contributions as follows:

| <u>Company</u>                    | <u>Amount of Matching Contributions</u> |
|-----------------------------------|-----------------------------------------|
| LPS                               | 100% of first 4% contributed            |
| LPC ECW (through January 1, 2023) | 50% of the first 5% contributed         |
| LPCC                              | 50% of the first \$6,000 contributed    |
| LH                                | 50% of the first 4% contributed         |
| VMSH                              | 50% of the first 5% contributed         |
| LPCR                              | 50% of the first 5% contributed         |

**Participant Accounts**

Each participant's account is credited with the participant's and Employer's matching contribution and allocations of Plan earnings or losses. Plan earnings allocations are based on account balances. Each participant is entitled to the participant's respective vested account balance. During 2023 and 2022, participants were charged an annual fee equal of 0.105% of the participant account balance, prorated quarterly. The annual fee is included in administrative expenses on the statements of changes in net assets available for benefits.

**Vesting**

Participant contributions plus actual earnings thereon are always 100% vested, as defined. Employer contributions, plus actual earnings thereon, vest according to the following schedule:

|                | <u>Completed Years of Service</u> |            |              |             |
|----------------|-----------------------------------|------------|--------------|-------------|
|                | <u>One</u>                        | <u>Two</u> | <u>Three</u> | <u>Four</u> |
| Percent Vested | 25%                               | 50%        | 75%          | 100%        |

If a participant is terminated due to disability, the participant will become fully vested. Upon the death of a participant who is still employed with an Employer, the participant will become fully vested.

**THE LINCOLN PROPERTY COMPANY**  
**401(k) RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS *(continued)***

**A. Description of the Plan – continued**

**Notes Receivable from Participants**

Participants may borrow from their accounts for any reason. Participants must be actively employed and borrow a minimum of \$1,000, up to a maximum amount equal to the lesser of 50% of the value of their vested account balance or \$50,000. Loan terms range from one to five years and are repaid through payroll deductions. The loans are secured by the balance in the participant's account and bear interest at the prime interest rate plus 1% on the first business day of the month in which the loan is made. As of December 31, 2023, interest rates range from 4.25% and 9.50%. As of December 31, 2022, interest rates ranged from 4.25% and 8.00%. A participant may have only one outstanding loan under the Plan at any time. Loans that are deemed to be in default are netted against participants' account balances and are deemed as a taxable distribution. Participant loans are classified as notes receivable from participants in the Plan's financial statements.

**Benefit Payments and In-Service Withdrawals**

In general, Plan participants or their designated beneficiaries are eligible to receive vested benefits upon reaching normal retirement age of 65, upon death (benefits paid to participant's beneficiary), or upon disability, as defined. If employment is terminated for reasons other than retirement, death, or full and permanent disability, participants are entitled to receive only the vested percentage of Employer matching contributions in their account balance with the remaining portion of such contributions being forfeited. Participants have the option to receive their benefits in a single lump sum, in a partial payment amount or in periodic payments set up no more frequently than monthly.

Certain in-service withdrawals are allowed. A participant may also elect to withdraw all or a portion of their vested account balance while employed after reaching age 59 ½. Participant may receive a hardship distribution from salary reduction contributions, qualified non-elective contributions, and qualified matching contributions if the distribution is: (1) on account of uninsured medical expenses incurred by the participant, their spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from their principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) funeral or burial expenses of the participant, their spouse, parent, child, or dependent; or (6) to pay expenses for the repair or damage to the participant's principal residence that would qualify for the casualty deduction under the Internal Revenue Service ("IRS") tax code.

**Forfeitures**

Forfeitures are used first to restore previously forfeited amounts for certain lost participants who are relocated, as required; next, to reinstate previously forfeited amounts for former participants who are rehired; then, to offset Plan operating expenses; and finally, to fund Employer matching contributions. Administrative expenses were reduced by \$66,934 and \$62,272 from forfeited nonvested accounts in 2023 and 2022, respectively.

**THE LINCOLN PROPERTY COMPANY  
401(k) RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS *(continued)***

**A. Description of the Plan – continued**

**Forfeitures – continued**

In addition, Employer matching contributions totaling approximately \$35,000 and \$685,000 were funded from forfeited nonvested accounts in 2023 and 2022, respectively. At December 31, 2023, there was \$438,565 of nonvested unallocated forfeitures, which will be used during 2024 to offset the Plan's operating expenses and/or to reduce Employer matching contributions. At December 31, 2022, there was \$324,133 of nonvested unallocated forfeitures, which were used during 2023 to offset the Plan's operating expenses and/or to reduce Employer matching contributions.

**Plan Expenses**

Costs of administering the Plan are either borne by the participants through an annual fee equal to a percentage of their account balance, borne by the Plan or paid with forfeitures, as provided for in the Plan document. The Plan is not required to reimburse LPS for expenses paid on its behalf.

**B. Summary of Significant Accounting Policies**

**Basis of Accounting**

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates**

The preparation of the financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

**Contributions**

Contributions from the Employer and participants are accrued as they become obligations of the Employer, as determined by the Plan administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

**Investment Valuation and Income**

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note C for information related to the Plan's valuation methodologies under GAAP.

**THE LINCOLN PROPERTY COMPANY  
401(k) RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS *(continued)***

**B. Summary of Significant Accounting Policies – continued**

**Investment Valuation and Income – continued**

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Notes Receivable from Participants**

Notes receivable from participants are recorded at the unpaid principal balance plus accrued but unpaid interest.

**Payment of Benefits**

Benefits are recorded when paid.

**C. Fair Value Measurements**

GAAP defines fair value as 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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined in GAAP are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.
- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

**THE LINCOLN PROPERTY COMPANY**  
**401(k) RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**C. Fair Value Measurements – continued**

GAAP requires that we describe the methodologies used to measure the fair value of assets and liabilities. We have described below the methodology used to measure each major category of assets and liabilities. There have been no changes in the methodologies used at December 31, 2023 and 2022.

- Registered investment companies: Measured at the published net asset values of the shares held by the Plan at year end and are classified within Level 1 of the valuation hierarchy.
- Common and collective trusts: Valued at fair value using discounting cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer, independent pricing services, broker dealer quotes, and redemption values. The common and collective trust funds are valued at the net asset value of shares held by the Plan at year end using the practical expedient.

The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of December 31, 2023 and 2022. The Plan has no assets classified within Level 2 or 3 of the valuation hierarchy.

|                                               | <b>2023</b>    |               |
|-----------------------------------------------|----------------|---------------|
|                                               | <b>Level 1</b> | <b>Total</b>  |
| Registered investment companies               | \$ 39,233,012  | \$ 39,233,012 |
| Total investments in the fair value hierarchy | \$ 39,233,012  | 39,233,012    |
| Investments measured at net asset value (a)   |                | 197,916,144   |
| Total investments at fair value               |                | \$237,149,156 |

|                                               | <b>2022</b>    |               |
|-----------------------------------------------|----------------|---------------|
|                                               | <b>Level 1</b> | <b>Total</b>  |
| Registered investment companies               | \$ 95,566,409  | \$ 95,566,409 |
| Total investments in the fair value hierarchy | \$ 95,566,409  | 95,566,409    |
| Investments measured at net asset value (a)   |                | 198,276,900   |
| Total investments at fair value               |                | \$293,843,309 |

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**THE LINCOLN PROPERTY COMPANY**  
**401(k) RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**C. Fair Value Measurements – continued**

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023 and 2022, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| <b>Investment</b>                         | <b>Fair Value</b>       | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency (If<br/>Currently<br/>Eligible)</b> | <b>Redemption<br/>Notice<br/>Period</b> |
|-------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------|-----------------------------------------|
| Vanguard Target Retirement Funds          | \$102,513,160<br>(2023) | N/A                             | Daily                                                           | 12 months                               |
| Northern Trust S&P 500 Index Fund         | \$ 32,036,963<br>(2023) | N/A                             | Daily                                                           | 12 months                               |
| Harbor Capital Appreciation CIT I-0 Fund  | \$ 23,245,006<br>(2023) | N/A                             | Daily                                                           | 12 months                               |
| Columbia Stable Income I-0 Fund           | \$ 19,618,846<br>(2023) | N/A                             | Daily                                                           | 12 months                               |
| Great Gray Trust EuroPacific Growth Fund  | \$ 11,151,703<br>(2023) | N/A                             | Daily                                                           | 12 months                               |
| MFS Mid Cap Value Fund Class CT           | \$ 5,072,359<br>(2023)  | N/A                             | Daily                                                           | 12 months                               |
| Northern Trust Extended Market Index Fund | \$ 1,278,110<br>(2023)  | N/A                             | Daily                                                           | 12 months                               |
| Northern Trust Agg Bond Index Fund        | \$ 1,619,547<br>(2023)  | N/A                             | Daily                                                           | 12 months                               |
| Northern Trust ACWI ex US IMI Fund        | \$ 1,379,589<br>(2023)  | N/A                             | Daily                                                           | 12 months                               |
| Gallard Stable Value E Fund               | \$ 861<br>(2023)        | N/A                             | Daily                                                           | 12 months                               |
| Vanguard Target Retirement Funds          | \$127,661,406<br>(2022) | N/A                             | Daily                                                           | 12 months                               |
| Northern Trust S&P 500 Index Fund         | \$ 35,815,712<br>(2022) | N/A                             | Daily                                                           | 12 months                               |
| Columbia Stable Income I-0 Fund           | \$ 30,158,768<br>(2022) | N/A                             | Daily                                                           | 12 months                               |
| Northern Trust Extended Market Index Fund | \$ 1,184,579<br>(2022)  | N/A                             | Daily                                                           | 12 months                               |

**THE LINCOLN PROPERTY COMPANY  
401(k) RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS (continued)**

**C. Fair Value Measurements – continued**

| <b>Investment</b>                     | <b>Fair Value</b>             | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency (If<br/>Currently<br/>Eligible)</b> | <b>Redemption<br/>Notice<br/>Period</b> |
|---------------------------------------|-------------------------------|---------------------------------|-----------------------------------------------------------------|-----------------------------------------|
| Northern Trust Agg Bond<br>Index Fund | \$ 2,277,252<br><b>(2022)</b> | N/A                             | Daily                                                           | 12 months                               |
| Northern Trust ACWI<br>ex US IMI Fund | \$ 1,179,183<br><b>(2022)</b> | N/A                             | Daily                                                           | 12 months                               |

**D. Certified Investments**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2023 and 2022, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (the trustee of the Plan).

**E. Tax Status**

The Plan obtained its latest determination letter on December 3, 2013, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter.

Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or 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.

**THE LINCOLN PROPERTY COMPANY**  
**401(k) RETIREMENT AND SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS *(continued)***

**F. Plan Termination**

Although it has not expressed any intent to do so, LPS has the right at any time to terminate the Plan and distribute participants' accounts subject to the provisions of ERISA. In the event of Plan termination, participants will immediately become 100% vested in the full value of their accounts, and the accounts will be paid to the participants as soon as administratively feasible.

**G. Parties-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

Loans made to participants qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. The Plan's trustee and record keeper perform certain administrative services to the Plan. These transactions are party-in-interest transactions under ERISA.

**H. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**I. Subsequent Events**

In preparing the accompanying financial statements, management of LPS has evaluated all subsequent events and transactions for potential recognition or disclosure through October 3, 2024, the date the financial statements were available for issuance.

Effective January 1, 2024, RiverRock Real Estate Group became a participating employer of the Plan and transferred approximately \$11,070,000 in assets into the Plan.

## **SUPPLEMENTAL SCHEDULES**

**THE LINCOLN PROPERTY COMPANY  
401(k) RETIREMENT AND SAVINGS PLAN**

**FORM 5500, SCHEDULE H, LINE 4a -  
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**Year Ended December 31, 2023**

**EIN: 75-2356213**

**Plan #: 001**

| <b>Participant<br/>Contributions<br/>Transferred<br/>Late to Plan<br/>(Check here if Late<br/>Participant Loan<br/>Repayments<br/>are included) <input checked="" type="checkbox"/></b> | <b>Total that Constitutes Nonexempt Prohibited Transactions</b> |                                                         |                                                             |    | <b>Total Fully<br/>Corrected Under<br/>VFCP and PTE<br/>2002-51</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------------------------|
|                                                                                                                                                                                         | <b>Contributions<br/>Not<br/>Corrected</b>                      | <b>Contributions<br/>Corrected<br/>Outside<br/>VFCP</b> | <b>Contributions<br/>Pending<br/>Correction<br/>in VFCP</b> |    |                                                                     |
| \$ 19,827                                                                                                                                                                               | \$ 19,827                                                       | \$ -                                                    | \$ -                                                        | \$ | \$ -                                                                |

**THE LINCOLN PROPERTY COMPANY  
401(k) RETIREMENT AND SAVINGS PLAN**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (Held at End of Year)**

**December 31, 2023**

**EIN: 75-2356213**

**Plan #: 001**

| (a) | (b)<br>Identity of issuer, borrower,<br>lessor, or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par, or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     |                                                                  | Common and collective trusts:                                                                                        |             |                         |
|     | The Vanguard Group, Inc.                                         | Vanguard Target Retirement Funds                                                                                     | **          | \$102,513,160           |
|     | Northern Trust                                                   | S&P 500 Index Fund                                                                                                   | **          | 32,036,963              |
|     | Harbor Capital Advisors                                          | Harbor Capital Appreciation CIT Class R                                                                              | **          | 23,245,006              |
|     | Columbia Management Advisors                                     | Columbia Trust Stable Income I-0 Fund                                                                                | **          | 19,618,846              |
|     | Great Gray                                                       | Trust EuroPacific Growth Fund                                                                                        | **          | 11,151,703              |
|     | MFS Investment Management                                        | Mid Cap Value Fund Class CT                                                                                          | **          | 5,072,359               |
|     | Northern Trust                                                   | Agg Bond Index Fund                                                                                                  | **          | 1,619,547               |
|     | Northern Trust                                                   | ACWI ex US IMI Fund                                                                                                  | **          | 1,379,589               |
|     | Northern Trust                                                   | Extended Market Index Fund                                                                                           | **          | 1,278,110               |
|     | Gallard                                                          | Stable Value E Fund                                                                                                  | **          | 861                     |
|     |                                                                  |                                                                                                                      |             | 197,916,144             |
|     |                                                                  | Registered investment companies:                                                                                     |             |                         |
|     | American Funds Service Co.                                       | The Investment Co of America R6                                                                                      | **          | 14,772,829              |
|     | Eagle Funds                                                      | Eagle Mid Cap Growth Fund I                                                                                          | **          | 9,340,089               |
|     | Fidelity                                                         | Total Bond K6 Fund                                                                                                   | **          | 5,919,784               |
|     | Vanguard                                                         | Vanguard Explorer Fund (Admiral Sh)                                                                                  | **          | 5,414,023               |
|     | Allspring Global Investments                                     | Allspring Special Small Cap Value R6 Fund                                                                            | **          | 3,786,287               |
|     |                                                                  |                                                                                                                      |             | 39,233,012              |
| *   | Participant loans                                                | Participant loans:                                                                                                   |             |                         |
|     |                                                                  | Interest rates ranging from 4.25% to 9.50%, maturity<br>dates ranging from January 2024 to December 2028             | -0-         | 2,721,084               |
|     |                                                                  | Total                                                                                                                |             | \$239,870,240           |

\* A party-in interest as defined by ERISA

\*\* Cost omitted for participant directed investments

## SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

## SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

T L P C 401() R

EIN 75 2356213  
 PLAN NUMBER 001  
 PLAN YEAR 01/01/2023 TO 12/31/2023

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | SEI TRUST COMPANY                                                | Registered Investment Company<br>Allspring Spec Sm Cp Value R6                                                    | \$ 0.00     | \$ 3,786,288.94      |
|     | The American Funds                                               | Registered Investment Company<br>Am End Inv Com Of Am R6 Fund                                                     | \$ 0.00     | \$ 14,772,831.99     |
|     | Eagle Financial Services, Inc.                                   | Registered Investment Company<br>Carillon Eagle MidCapGwth I Fd                                                   | \$ 0.00     | \$ 9,340,089.75      |
|     | Ameriprise Trust Company                                         | Common/Collective Trust<br>Columbia Trust Stbl Inc Adm 0                                                          | \$ 0.00     | \$ 19,618,845.63     |
|     | Fidelity Investments                                             | Registered Investment Company<br>FIDELITY TOTAL BOND K6 FUND                                                      | \$ 0.00     | \$ 5,919,783.87      |
| *   | SEI TRUST COMPANY                                                | Common/Collective Trust<br>GALLIARD STABLE RETURN E                                                               | \$ 0.00     | \$ 860.94            |
|     | GREAT GRAY TRUST COMPANY                                         | Common/Collective Trust<br>GREATGRAY EURO GROWTH CT                                                               | \$ 0.00     | \$ 11,151,702.91     |
|     | HARBOR TRUST COMPANY, INC.                                       | Common/Collective Trust<br>HARBOR CAPITAL APPREC CIT CL R                                                         | \$ 0.00     | \$ 23,245,005.65     |
|     | GREAT GRAY TRUST COMPANY                                         | Common/Collective Trust<br>MFS MID CAP VALUE FD CL CT                                                             | \$ 0.00     | \$ 5,072,359.14      |
|     | Northern Trust                                                   | Common/Collective Trust<br>NT Col AQMT xUS I Mt IX DCNL 4                                                         | \$ 0.00     | \$ 1,379,588.45      |
|     | Northern Trust                                                   | Common/Collective Trust<br>NT Col Extd Eq Mkt Idx DC NIL 4                                                        | \$ 0.00     | \$ 1,278,109.64      |
|     | Northern Trust                                                   | Common/Collective Trust<br>NT Col S&P 500 Idx Fd DC NIL T4                                                        | \$ 0.00     | \$ 32,036,963.40     |
|     | Northern Trust                                                   | Common/Collective Trust<br>NT Coll Agg Bd Idx Fd - NIL T4                                                         | \$ 0.00     | \$ 1,619,547.33      |
|     | Vanguard Group                                                   | Registered Investment Company<br>Vanguard Explorer Admiral Fund                                                   | \$ 0.00     | \$ 5,414,016.96      |
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vqd Trqt Rtmt Inc Trust II                                                             | \$ 0.00     | \$ 2,141,118.72      |

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

T L P C 401() R  
 EIN 75 2356213  
 PLAN NUMBER 001  
 PLAN YEAR 01/01/2023 TO 12/31/2023

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vgd Trgt Rmt 2020 Trust II                                                             | \$ 0.00     | \$ 6,573,159.35      |
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vgd Trgt Rmt 2025 Trust II                                                             | \$ 0.00     | \$ 13,890,992.73     |
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vgd Trgt Rmt 2030 Trust II                                                             | \$ 0.00     | \$ 15,488,045.29     |
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vgd Trgt Rmt 2035 Trust II                                                             | \$ 0.00     | \$ 13,906,443.81     |
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vgd Trgt Rmt 2040 Trust II                                                             | \$ 0.00     | \$ 13,771,035.40     |
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vgd Trgt Rmt 2045 Trust II                                                             | \$ 0.00     | \$ 13,833,633.97     |
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vgd Trgt Rmt 2050 Trust II                                                             | \$ 0.00     | \$ 10,433,927.08     |
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vgd Trgt Rmt 2055 Trust II                                                             | \$ 0.00     | \$ 8,176,219.86      |
|     | Vanguard Group                                                   | Common/Collective Trust<br>Vgd Trgt Rmt 2060 Trust II                                                             | \$ 0.00     | \$ 3,654,324.42      |
|     | Vanguard Fiduciary Trust Company                                 | Common/Collective Trust<br>Vgd Trgt Rmt 2065 Trust II                                                             | \$ 0.00     | \$ 644,260.39        |
| *   | Participant Loans                                                | Range of Interest Rates<br>Rates Range From 4.25% To 9.50%                                                        | \$ 0.00     | \$ 2,721,084.00      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |
|     |                                                                  |                                                                                                                   |             |                      |

To the Administrative Committee of  
The Lincoln Property Company 401(k) Retirement and Savings Plan

We have conducted an ERISA Section 103(a)(3)(C) audit of the financial statements of The Lincoln Property Company 401(k) Retirement and Savings Plan (the “Plan”) as of and for the year ended December 31, 2023, and have issued our report thereon dated October 3, 2024. Professional standards require that we advise you of the following information related to our audit.

### **Our Responsibility in Relation to the Financial Statement Audit**

As communicated in our engagement letter dated May 10, 2024, our responsibility, as described by professional standards, is to conduct our audit in accordance with ERISA Section 103(a)(3)(C) pursuant to 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”). Therefore, as permitted by ERISA Section 103(a)(3)(C), the audit need not extend to any statements of information related to assets held for investment of the Plan (“Investment Information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“Qualified Institution”). For an ERISA Section 103(a)(3)(C) audit, the audit will not extend to the certified Investment Information, except for obtaining and reading the certification, comparing the certified Investment Information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified Investment Information to assess whether they are in accordance with the presentation and disclosure requirement of accounting principles generally accepted in the United States of America (“U.S. GAAP”). Accordingly, the objective of the ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

### **Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

### **Compliance with All Ethics Requirements Regarding Independence**

The engagement team and our firm, including its employees, have complied with all relevant ethical requirements regarding independence.

### **Significant Risks Identified**

We have not identified any significant risks.

### **Qualitative Aspects of the Plan's Significant Accounting Practices**

#### *Significant Accounting Policies*

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Plan is included in Note B to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during 2023. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

During the year, Lincoln Property Company E.C.W. LLC spun out off the Plan. The spin-off is reflected as a transfer out of the Plan in the statement of changes in net assets available for benefits for the year ended December 31, 2023.

#### *Significant Accounting Estimates and Related Disclosures*

Accounting estimates and related disclosures are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments. There were no significant estimates affecting the Plan's financial statements.

#### *Financial Statement Disclosures*

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. There were no highly sensitive disclosures affecting the Plan's financial statements.

### **Significant Unusual Transactions**

For purposes of this communication, professional standards require us to communicate to you significant unusual transactions identified during our audit. We have not identified any significant unusual transactions.

### **Form 5500 Procedures**

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

### **Identified or Suspected Fraud**

We have not identified any fraud or suspected fraud.

### **Significant Difficulties Encountered during the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management.

Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances, or disclosures, and the financial statements as a whole. Uncorrected misstatements or matters underlying those uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even though the uncorrected misstatements are immaterial to the financial statements currently under audit. There were no uncorrected misstatements identified in the current or prior year.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. There were no corrected misstatements identified in the current year.

### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the Plan's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

### **Representations Requested from Management**

We have requested certain written representations from management, which are included in the attached letter dated October 3, 2024.

### **Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

### **Other Significant Matters, Findings, or Issues**

In the normal course of our professional association with the Plan, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting the Plan, and business plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the Plan's auditors.

### **Noncompliance with laws and Regulations**

We have identified the following matters involving noncompliance with laws and regulations that came to our attention during the course of the audit. We also consider this to be a reportable finding.

We noted that certain participant contributions and loan repayments of \$19,287 were not remitted to the Plan in a timely manner based on the established pattern for remittances. DOL Regulation 2510.3-102 requires that participant contributions are to be remitted to the Plan on the earliest date on which they can be reasonably segregated from the general assets of the Plan sponsor, but in no event later than the 15th business day following the end of the month in which amounts are contributed by employees or withheld from their wages. These late contributions and loan repayments have been included in Schedule H, Line 4a – Schedule of Delinquent Participant Contributions supplemental schedule of the Plan's audited financial statements.

### **Other Matters**

The ERISA-required supplemental schedules were subjected to the audit procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of its presentation, appearing in the financial statements.

\* \* \* \* \*

To the Administrative Committee of  
The Lincoln Property Company 401(k) Retirement and Savings Plan

Page 5

This report is intended solely for the information and use of the Plan Administrator, the Administrative Committee, management, and participants of the Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

A handwritten signature in black ink that reads "Whitley Penn LLP". The signature is written in a cursive, flowing style.

Plano, Texas  
October 3, 2024



10/3/2024

Whitley Penn LLP  
5908 Headquarters Drive, Suite 300  
Plano, Texas 75024

This representation letter is provided in connection with your audits of the financial statements of The Lincoln Property Company 401(k) Retirement and Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

We have elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. We acknowledge that the audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier, that is regulated, supervised and subject to periodic examination by a state or federal agency, a qualified institution, that prepared and certified the investment information in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting under ERISA. We have determined that an ERISA Section 103(a)(3)(C) audit is permissible under the circumstances. We have also determined that the investment information is prepared and certified by a qualified institution as described by 29 CFR 2520.103-8, that the certification meets the requirements in 29 CFR 2520.103-5 and, that the certified investment information is appropriately measured, presented, and disclosed in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information such that, in the light of surrounding circumstances, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of 10/3/2024, the following representations made to you during your audits:

## Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated May 10, 2024, for the preparation and fair presentation of the financial statements (and disclosures) in accordance with U.S. GAAP, and the notes include all the disclosures required by laws and regulations in which the Plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA.
2. We acknowledge our responsibility for administering the Plan and determining the Plan's transactions that are presented and disclosed in the ERISA plan financial statements are in conformity with the Plan provisions, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants.
3. We acknowledge our responsibility for the design, implementation, and maintenance of the system of internal control relevant to the preparation and fair presentation of financial statements, notes, and supplemental schedule that are free from material misstatement, whether due to fraud or error.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
5. The methods, data, and significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable. The methods and significant assumptions used to estimate fair values are properly disclosed in Note C. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
6. We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820.
7. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
8. Transactions with parties in interest, as defined in Section 3(14) of ERISA and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from, or payable to, related parties have been appropriately disclosed.

9. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
10. We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
11. We have no intentions to terminate the Plan.
12. Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or an other lending institution have been properly recorded or disclosed in the financial statements.
13. We have properly reported and disclosed amendments to the Plan instrument, if any.
14. We acknowledge our responsibility for the presentation of the ERISA-required supplemental schedules in accordance with the DOL rules and regulations for reporting and disclosure under ERISA. We believe the ERISA-required supplemental schedules, including the form and content, are fairly presented in accordance with the DOL rules and regulations for reporting and disclosure under ERISA. The methods of measurement or presentation have not changed from those used in the prior period.
15. Employer contributions receivable recorded in the financial statements represents valid claims against employers for employer contributions due for the period on or before the statement of net assets available for benefits date and have been appropriately reduced to their estimated net realizable value.
16. In regard to the financial statement preparation services performed by you, we have—
  - a. Made all management decisions and performed all management functions;
  - b. Assigned a competent individual to oversee the services;
  - c. Evaluated the adequacy and results of the services performed;
  - d. Evaluated and accepted responsibility for the result of the service performed;  
and
  - e. Established and maintained internal controls, including monitoring ongoing activities.
17. Material concentrations have been properly disclosed in accordance with U.S. GAAP.

**Information Provided**

18. We have provided you with:
- a. Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements, such as financial records and related data, Plan instruments, trust agreements, insurance contracts, as applicable, or investments contracts, as applicable, and amendments to such documents entered into during the year;
  - b. The most current Plan instrument for the audit period, including all amendments;
  - c. A draft of the Form 5500 that is substantially complete;
  - d. Additional information that you have requested from us for the purpose of the audits;
  - e. Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence; and
  - f. All minutes of the meetings of the Administrative Committee meeting or summaries of actions of recent meetings for which minutes have not yet been prepared.
19. All transactions have been recorded in the accounting records and are reflected in the financial statements.
20. Financial instruments with off-balance-sheet risk and financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
21. The Plan or trust has satisfactory title to all owned assets that are recorded at fair value, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed.
22. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
23. We have evaluated the Plan's ability to meet its obligations as they become due, and have not identified any conditions or events, individually or in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern.

24. We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
  - a. Management;
  - b. Employees who have significant roles in internal control; or
  - c. Others when the fraud could have a material effect on the financial statements.
25. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
26. We have no knowledge of any noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.
27. There are no other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or loans in default, events reportable to the Pension Benefit Guaranty Corporation ("PBGC"), or events that may jeopardize the tax status) that legal counsel has advised us must be disclosed.
28. We have disclosed to you the identity of all of the Plan's related parties and parties in interest and the nature of all the related party and party in interest relationships and transactions of which we are aware.
29. We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
30. The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance, including the release of unallocated shares held in employee stock ownership plans.
31. All required filings with the appropriate agencies have been made.
32. All required amendments to and filings of Plan documents with the appropriate agencies have been made.
33. The Plan (and the trust established under the Plan) is qualified under the appropriate section of the Internal Revenue Code and intends to continue as a qualified plan (and trust). The Plan sponsor has operated the Plan and trust or insurance contract in a manner that did not jeopardize this tax status.

34. The Plan has complied with the DOL's regulations concerning the timely remittance of participants' contributions to trusts containing assets for the Plan other than those reported in the Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions. We represent we will properly correct the delinquent remittals with lost earnings and funded the Plan during 2024.
35. The Plan has complied with the fidelity bonding requirements of ERISA.
36. The form and content of the Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions are fairly presented in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
37. There are no:
- a. Nonexempt party in interest transactions (as defined in ERISA Section 3[14] and regulations under that section) that were not disclosed in the supplemental schedules or financial statements.
  - b. Investments in default or considered to be uncollectible that were not disclosed in the supplemental schedules.
  - c. Reportable transactions (as defined in ERISA Section 103[b][3][H] and regulations under that section) that were not disclosed in the supplemental schedules.
38. We represent the payroll detail provided is complete and included all eligible employees and entities associated with the Plan.
39. We have read the SOC 1 reports provided by (a) Ceridian Corporation, (b) Principal Life Insurance Company, and (c) Paycor, Inc., and believe that the user controls suggested in these reports are properly implemented within our internal control procedures. We are aware of the exceptions noted in the SOC 1 reports and have considered the need for additional controls within our internal control procedures. No change within our internal control procedures deemed necessary.
40. We confirm the policy for employer matching contributions to the Plan for the years ended December 31, 2023 and 2022, is as follows:

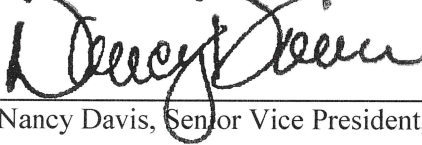
| <u>Company</u> | <u>Amount of Matching Contributions</u> |
|----------------|-----------------------------------------|
| LPS            | 100% of first 4% contributed            |
| LPCC           | 50% of the first \$6,000 contributed    |
| LH             | 50% of the first 4% contributed         |
| VMSH           | 50% of the first 5% contributed         |
| LPCR           | 50% of the first 5% contributed         |

41. We represent that the interest rates for outstanding loans as of December 31, 2023 and 2022, were between 4.25% and 9.50% and 4.25% and 8.00%, respectively, which is in accordance with the loan policy and provisions of the Plan document.
42. We represent the effective date of the spin-off of Lincoln Property Company E.C.W. LLC was January 1, 2023.



---

Mr. Phil Davis, Director, LPC Administrative Services



---

Ms. Nancy Davis, Senior Vice President, LPC Services, Inc.