

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	

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

☒ a single-employer plan ☐ a DFE (specify) _____

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

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

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

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

☐ special extension (enter description) _____

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

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>CIM GROUP, L.P. 401K PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CIM GROUP, L.P.</u> <u>6922 HOLLYWOOD BLVD</u> <u>SUITE 900</u> <u>LOS ANGELES, CA 90028</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	
	1c Effective date of plan <u>01/01/2001</u>	
	2b Employer Identification Number (EIN) <u>95-4799326</u>	
	2c Plan Sponsor's telephone number <u>323-860-4900</u>	
	2d Business code (see instructions) <u>531310</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	LEAH MANOFF
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1373
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1076
a(2) Total number of active participants at the end of the plan year		6a(2)	976
b Retired or separated participants receiving benefits.....		6b	17
c Other retired or separated participants entitled to future benefits		6c	387
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1380
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1380
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1305
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	218
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CIM GROUP, L.P. 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CIM GROUP, L.P.	D Employer Identification Number (EIN) 95-4799326

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

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	331680-01	68	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	5640415
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	5223665
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c	Additions: (1) Contributions deposited during the year	7c(1)	303625	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	47808	
	(4) Transferred from separate account.....	7c(4)	1736804	
	(5) Other (specify below)	7c(5)	407764	

▶ **LOAN REPAYMENT, FORFEITURES**

(6) Total additions	7c(6)	2496001
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	7719666
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	223066	
	(2) Administration charge made by carrier.....	7e(2)	101	
	(3) Transferred to separate account.....	7e(3)	1856084	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	2079251
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5640415
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CIM GROUP, L.P. 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CIM GROUP, L.P.	D Employer Identification Number (EIN) 95-4799326	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

LPL FINANCIAL, LLC

9785 TOWNE CTR DR
SAN DIEGO, CA 92121

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55 27	BROKER ADVISOR	132242	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAN DIEGO PENSION CONSULTANTS, INC

5628 COPLEY DRIVE
SAN DIEGO, CA 92111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	12810	Yes ☒ No ☐	Yes ☐ No ☒	10000	Yes ☐ No ☒

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

GREAT WEST LIFE & ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	10938	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SAN DIEGO PENSION CONSULTANTS	13	10000

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CA 80111	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>CIM GROUP, L.P. 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CIM GROUP, L.P.</u>	D Employer Identification Number (EIN) <u>95-4799326</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE PLUS BOND ADMINISTRA

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>911742</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TRGT DATE RETIR

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1118019</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TRGT DATE RETIR

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7428500</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2035 TRGT DATE RETIR

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10154999</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2045 TRGT DATE RETIR

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14668180</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2055 TRGT DATE RETIR

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11237442</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2065 TARGET DATE FUN

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN <u>84-0467907-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82140</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMERICAN MUTUAL R4		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1577030
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND R4		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 365581
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK FLOATING RATE INCOME INST		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 461709
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPPS INV		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1319064
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YIELD BOND INV A		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 530799
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TECHNOLOGY OPPORTUNITIES		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3054148
a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON APPRECIATION I		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2505602
a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS REAL ESTATE SECURITI		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2317083
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA LARGE CAP INDEX INSTL 2		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3968195
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MID CAP INDEX INSTL 2		
b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1679486

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA SMALL CAP INDEX INSTL 2

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2279459
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a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE SMALL CAP VALUE INSTL

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1986921
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY NATURAL RESOURCES

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 374819
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a Name of MTIA, CCT, PSA, or 103-12 IE: KEY GUARANTEED PORTFOLIO FUND

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5640416
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a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL INF-PROT AND INC I

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1159384
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL INTRINSIC VALUE R

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1863123
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH R4

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1826477
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM GLOBAL TOTAL RETURN A

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 244943
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM DYNAMIC ASSET ALLOCATION GRO

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 900582
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INSTL INTERNATIONAL EQ

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 604781
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE BLUE CHIP GROWTH I

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4116581
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANECK INTL INVESTORS GOLD Y

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246124
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERNATIONAL GROWTH FUND

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2126746
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL STOCK MKT IDX ADM

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9929621
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a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCAMORE ESTABLISHED VALUE

b Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY

c EIN-PN 84-0467907-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148376
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CIM GROUP, L.P. 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CIM GROUP, L.P.	D Employer Identification Number (EIN) 95-4799326	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	950512	1311852
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	829
(2) Participant contributions.....	1b(2)	0	1658
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	608677	744188
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	73341748	91187760
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4273153	4328564
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	79174090	97574851

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	79174090	97574851
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3969390	
(B) Participants	2a(1)(B)	9639833	
(C) Others (including rollovers).....	2a(1)(C)	942056	
(2) Noncash contributions.....	2a(2)		14551279
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	47808	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	37059	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		84867
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		4941711
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4941711	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		4941711
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(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)		8465379
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		28043236
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9463428	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		9463428
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		149524
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	29523	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		29523
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9642475
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		18400761
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: JONES & MALHOTRA

(2) EIN: 95-4668647

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CIM GROUP, L.P. 401K PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CIM GROUP, L.P.	D Employer Identification Number (EIN) 95-4799326

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

CIM Group, LP 401(k) Plan

Report on Financial Statements
(With Supplementary Information)

December 31, 2021 and 2020

CIM Group, LP 401(k) Plan

Financial Statements

December 31, 2021 and 2020

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JONES & MALHOTRA
Certified Public Accountants

Robert B. Jones Jr., CPA
Bobby Malhotra, CPA

Members: American Institute of CPAs • California Society of CPAs

Independent Auditors' Report

To the Participants and Plan Administrator of
CIM Group, LP 401(k) Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of CIM Group, LP 401(k) 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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Great-West Life & Annuity Insurance Company as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 1 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying 2021 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.
- the information in the accompanying 2021 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).

JONES & MALHOTRA
Certified Public Accountants

Robert B. Jones Jr., CPA
Bobby Malhotra, CPA

Members: American Institute of CPAs • California Society of CPAs

Independent Auditors' Report (continued)

To the Participants and Plan Administrator of
CIM Group, LP 401(k) Plan:

Basis for Opinion on the 2021 Financial Statements

We conducted our audit 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 2021 Financial Statements section of our report. We are required to be independent of CIM Group, LP 401(k) 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 on the 2021 financial statements.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 CIM Group, LP 40(k) Plan's ability to continue as a going concern.

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 Responsibility for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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

Independent Auditors' Report (continued)

To the Participants and Plan Administrator of
CIM Group, LP 401(k) Plan:

Auditor's Responsibility for the Audit of the 2021 Financial Statements (continued)

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, misrepresentation, 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 CIM Group, LP 401(k) 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 CIM Group, LP 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2021 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

JONES & MALHOTRA
Certified Public Accountants

Robert B. Jones Jr., CPA
Bobby Malhotra, CPA

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Independent Auditors' Report (continued)

To the Participants and Plan Administrator of
CIM Group, LP 401(k) Plan:

Auditor's Responsibility for the Audit of the 2021 Financial Statements (continued)

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 Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and related directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).

JONES & MALHOTRA
Certified Public Accountants

Robert B. Jones Jr., CPA
Bobby Malhotra, CPA

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Independent Auditors' Report (continued)

To the Participants and Plan Administrator of
CIM Group, LP 401(k) Plan:

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of CIM Group, LP 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated December 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Jones & Malhotra

October 11, 2022
Los Angeles, California

CIM Group, LP 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

ASSETS

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Registered investment companies	\$ 91,187,760	\$ 73,341,748
Guaranteed investment contract	<u>5,640,416</u>	<u>5,223,665</u>
Total investments	<u>96,828,176</u>	<u>78,565,413</u>
Receivables:		
Participant contribution receivable	1,658	-
Employer contribution receivable	829	-
Notes receivable from participants	<u>744,188</u>	<u>608,677</u>
Total receivables	<u>746,675</u>	<u>608,677</u>
Net assets available for benefits	<u><u>\$ 97,574,851</u></u>	<u><u>\$ 79,174,090</u></u>

See accompanying notes to the financial statements

CIM Group, LP 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2021

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation of registered investment companies	4,941,711	
Dividends from registered investment companies	8,465,379	
Interest on guaranteed investment contract	<u>47,808</u>	\$ 13,454,898
Interest income on notes receivable from participants		37,059
Contributions from participants - salary deferrals		9,639,833
Contributions from participants - rollovers		942,056
Contributions from employer		<u>3,969,390</u>
Total additions		28,043,236

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	9,612,952	
Administration fees	<u>29,523</u>	<u>9,642,475</u>
Net increase		18,400,761

Net assets available for benefits:

Beginning of year		<u>79,174,090</u>
End of year		<u>\$ 97,574,851</u>

See accompanying notes to the financial statements

CIM Group, LP 401(k) Plan

Notes to the Financial Statements

December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the CIM Group, LP 401(k) Plan (the “Plan”) is provided for general information purposes only. The Plan agreement should be referred to for a more complete description of the Plan’s provisions.

General

The Plan, adopted as of January 1, 2001, is a defined contribution plan covering substantially all employees of CIM Group, LP; PresbiBio, LLC; Orchard First Source Capital, Inc.; and TheatreDreams LA/CHI, LP; OCV Management, LLC, CIM Capital Securities Management LLC and BLI, LLC (collectively the “Employer”). OCV Management, LLC, CIM Capital Securities Management LLC and BLI, LLC adopted the Plan as of January 1, 2019. As of November 30, 2021, TheatreDreams LA/CHI, LP was sold to an independent entity and all contributions to the Plan by this entity were stopped. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Employer is responsible for oversight of the Plan. The Employer determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Eligibility

Employees who have attained 21 years of age and completed 3 months of service are eligible to participate in the Plan and receive an allocation of Employer’s contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have their default deferral rate set at 4% percent of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Employees can enter the Plan at the beginning of each month immediately following satisfaction of eligibility requirements.

Contributions

Each year participants may contribute a certain percentage of their pretax annual compensation as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer may match, at its discretion, a fixed amount or a set percentage of each eligible employee’s contribution as determined by its board of directors. Additional amounts including a profit-sharing contribution may also be contributed at the option of the Employer. Contributions are subject to certain IRS limitations.

For the years ended December 31, 2021 and 2020, Employer matching contributions aggregated \$3,969,390 and \$3,733,518, respectively. The matching contributions were calculated at various amounts and percentages by each participating Employer in the Plan. Such matching contributions were calculated as a fixed percentage of participant salary deferrals subject to maximum contribution amounts ranging from \$3,000 to \$15,600, depending on the participating Employer.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is vested in annual increments of 20 percent, vesting at 20 percent after the first year of credited service, and up to 100 percent after the fifth year of credited service.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a 10-year period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Normal retirement age is 65 years. The Plan does not permit early retirement.

Forfeited Accounts

The portion of an employee's interest that is not vested upon the employee's break in service is forfeited. The non-vested forfeited balance can be reallocated as of the end of the Plan year to participants in the same manner as Employer contributions or can be used to pay for Plan related expenses. As of December 31, 2021 and 2020, the balance in the forfeited non-vested account was \$1,311,852 and \$950,512, respectively.

Notes Receivable from Participants

Participants may borrow from their fund accounts up to 50 percent of their total vested balance, subject to a minimum of \$1,000 and a maximum of \$50,000. The notes are secured by the vested balance in the participant's account. The Plan provisions require a reasonable interest rate to be charged on the notes, and principal and interest to be paid ratably through regular payroll deductions. Interest charged on the notes ranges from 4.25% to 6.50% and the notes mature between April 2022 and May 2051.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Administration

The Plan has engaged Great-West Life & Annuity Insurance Company ("Great-West") as the Plan trustee and Great-West Retirement Services, a division of Great-West, as the record keeper of the Plan. The assets of each fund within the Plan are invested under an arrangement with Great-West, the current Plan trustee. Upon enrollment in the Plan, a participant may direct their contributions in the various investment options offered by Great-West. Participants should carefully read the prospectus before investing in the various investment options offered under the Plan.

Tax Status

The Plan is based on a volume submitter profit sharing 401(k) plan agreement. The Internal Revenue Service has issued an opinion letter dated March 31, 2014 granting approval to the volume submitter plan document. Under this arrangement the Plan is not obligated to file for a separate determination letter. Although the Plan has been amended, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

Related-Party Transactions and Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Great-West Life & Annuity Insurance Company, the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation/depreciation in fair value of investments, as they are paid through revenue sharing, rather than as a direct payment.

Certified Investments

Certified 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, 2021 and 2020, and net appreciation/depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Great-West Life & Annuity Insurance Company.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits present the fair value of the investment contract and do not reflect the adjustment of the fully benefit-responsive investment contract from fair value to contract value as such amount was considered insignificant. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Contributions

Contributions from participants are recorded based on payroll withholdings during the year.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Employer determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees, and insurance company. See note on fair value measurements below. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Guaranteed Investment Contract with Insurance Company

The Plan has entered into a traditional fully benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company ("Great-West"), Plan trustee. Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to such investment contract. The guaranteed investment contract is presented on the face of the statements of net assets available for benefits at fair value without an adjustment to contract value as such adjustment was considered insignificant. Contract value, as reported to the Plan by Great-West, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2021 and 2020 was \$5,640,416 and \$5,223,665, respectively. The crediting interest rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (e) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (a) an uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, (d) a material amendment to the agreement without the consent of the issuer.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Guaranteed Investment Contract with Insurance Company (continued)

The average yield on the guaranteed investment contract for the years ended December 31, 2021 and 2020 is as follows:

Average annual interest earned as reported by by Great-West Life & Annuity Insurance Company	For the year ended December 31,	
	2021	2020
Guaranteed investment contract	0.90%	1.04%

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. These expenses include fees of the Plan trustee, third-party administrators, and accountants. Loan origination fees are paid directly by the borrowing participants. Other fees related to the administration of the Plan are included in administrative expenses and are charged to participants' accounts. Investment related expenses are included in net appreciation/depreciation of fair value of investments.

Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

Level 2: Inputs to the valuation methodology include

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Registered investment companies (mutual funds): Designated as level 1 and held with Great-West. Guaranteed investment contracts are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Guaranteed investment contract: Designated as level 2 and held with Great-West. Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Plan trustee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

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

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	Assets at Fair Value as of December 31, 2021			
	(Level 1)	(Level 2)	(Level 3)	Total
Registered investment companies	\$ 91,187,760	\$ -	\$ -	\$ 91,187,760
Guaranteed investment contract	-	5,640,416	-	5,640,416
Total assets at fair value	<u>\$ 91,187,760</u>	<u>\$ 5,640,416</u>	<u>\$ -</u>	<u>\$ 96,828,176</u>

	Assets at Fair Value as of December 31, 2020			
	(Level 1)	(Level 2)	(Level 3)	Total
Registered investment companies	\$ 73,341,748	\$ -	\$ -	\$ 73,341,748
Guaranteed investment contract	-	5,223,665	-	5,223,665
Total assets at fair value	<u>\$ 73,341,748</u>	<u>\$ 5,223,665</u>	<u>\$ -</u>	<u>\$ 78,565,413</u>

NOTE 3 - PLAN TERMINATION

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

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2021 and 2020

NOTE 4 - 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. 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 statements of net assets available for benefits.

NOTE 5 - SUBSEQUENT EVENTS

Effective September 2022, an unrelated acquired entity, Terreva Renewables Corporate, LLC adopted the Plan.

As a result of Covid-19 coronavirus, economic uncertainties have arisen which could likely impact the operation of the Employer and the market values of the Plan's investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

The Plan has evaluated subsequent events through October 11, 2022, the date the financial statements were available to be issued. The Plan is not aware of any other significant events that would have a material impact on its financial statements.

SUPPLEMENTAL SCHEDULE

CIM Group, LP 401(k) Plan
Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
As of December 31, 2021
Employer ID number: 95-4799326, Plan number 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current Value
*	Great-West Life & Annuity Insurance Company	Allspring Core Plus Bond Administration		\$ 911,742
*	Great-West Life & Annuity Insurance Company	American Funds 2020 Trgt Date Retire R4		1,118,019
*	Great-West Life & Annuity Insurance Company	American Funds 2025 Trgt Date Retire R4		7,428,500
*	Great-West Life & Annuity Insurance Company	American Funds 2035 Trgt Date Retire R4		10,154,999
*	Great-West Life & Annuity Insurance Company	American Funds 2045 Trgt Date Retire R4		14,668,180
*	Great-West Life & Annuity Insurance Company	American Funds 2055 Trgt Date Retire R4		11,237,442
*	Great-West Life & Annuity Insurance Company	American Funds 2065 Trgt Date Retire R4		82,244
*	Great-West Life & Annuity Insurance Company	American Funds American Mutual R4		1,577,030
*	Great-West Life & Annuity Insurance Company	American Funds New World Fund R4		365,581
*	Great-West Life & Annuity Insurance Company	BlackRock Floating Rate Income Instl		461,709
*	Great-West Life & Annuity Insurance Company	BlackRock Health Sciences Opps Inv A		1,319,064
*	Great-West Life & Annuity Insurance Company	BlackRock High Yield Bond Inv A		530,799
*	Great-West Life & Annuity Insurance Company	BlackRock Technology Opportunities Instl		3,054,148
*	Great-West Life & Annuity Insurance Company	BNY Mellon Appreciation I		2,505,602
*	Great-West Life & Annuity Insurance Company	Cohen & Steers Realty Income A		2,317,083
*	Great-West Life & Annuity Insurance Company	Columbia LargeCap Index Instl 2		3,968,195
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*	Great-West Life & Annuity Insurance Company	MFS Mid Cap Growth R4		1,826,477
*	Great-West Life & Annuity Insurance Company	PGIM Global Total Return A		244,943
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*	Great-West Life & Annuity Insurance Company	T. Rowe Price Blue Chip Growth I		4,116,581
*	Great-West Life & Annuity Insurance Company	Vaneck Intl Investors Gold Y		246,124
*	Great-West Life & Annuity Insurance Company	Vanguard International Growth Fund Inv		2,126,746
*	Great-West Life & Annuity Insurance Company	Vanguard Total Stock Mkt Idx Adm		9,929,621
*	Great-West Life & Annuity Insurance Company	Victory Sycamore Established Value A.		148,376
*(1)	Great-West Life & Annuity Insurance Company	Notes Receivable from Participants		744,188
			Total	<u>\$ 97,572,364</u>

* Party-in-interest (as defined in the ERISA regulations)

** Cost omitted for participant directed investments

(1) Notes receivable from participants are secured by the vested balances in the participant's account.
Terms range from 1 to 5 years unless it is for the purchase of a primary residence.
Reasonable interest is charged based on prevalent market rates.

See report of independent public accountants and accompanying notes to the financial statements.

Above information has been certified by Great-West Life & Annuity Insurance Company, the trustee, as complete and accurate.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

CIM Group 401(k)

01-JAN-21 to 31-DEC-21

15-JAN-22 18:56:24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3KGPf	351,348.04	0.000000	178	0.00	0.000000	0	0.00	SERIES
5KGPf	0.00	0.000000	0	0.00	0.000000	24	0.00	SERIES
1RDBTX	107,867.63	8,378.849927	538	(1,494,434.05)	(112,854.239648)	88	(1,297,593.51)	SERIES
1RDCTX	1,654,434.32	112,429.175931	438	(500,386.91)	(33,971.708640)	39	(500,596.50)	SERIES
1RDDTX	6,591,328.53	402,724.075739	6112	(4,996,907.59)	(301,699.726272)	433	(4,173,179.76)	SERIES
1RDFTX	8,616,735.09	442,330.992183	9628	(5,716,771.43)	(290,705.945052)	546	(4,680,062.87)	SERIES
1RDHTX	11,552,656.05	548,613.725965	11410	(11,067,993.88)	(522,024.335075)	905	(8,634,633.02)	SERIES
1RDLTX	103,564.93	6,261.406222	617	(23,049.03)	(1,371.762946)	16	(22,545.75)	SERIES
1RDJTX	10,882,698.29	418,056.455074	17219	(9,197,478.24)	(350,352.998901)	1214	(7,214,270.51)	SERIES
1PAEAX	504,971.66	25,466.839384	1137	(127,353.92)	(5,967.774759)	53	(101,511.47)	SERIES
1RNWEX	189,006.92	2,106.448993	1252	(152,487.60)	(1,703.774421)	99	(115,231.14)	SERIES
1DIISX	28,359.81	1,463.475578	207	(610,731.47)	(30,998.467434)	77	(490,098.30)	SERIES
1MINGX	499,128.25	9,474.724117	2483	(458,263.94)	(8,723.072086)	207	(367,662.21)	SERIES
1GTRAX	58,646.79	8,595.664738	718	(43,010.76)	(6,209.310141)	64	(43,206.55)	SERIES
1SIEIX	658,678.42	39,202.932172	603	(47,337.48)	(2,704.405904)	15	(45,299.74)	SERIES
1VWIGX	1,121,876.47	22,498.900969	4749	(440,624.00)	(8,710.449009)	287	(367,526.12)	SERIES
1SHSAX	523,582.62	7,020.941711	3960	(608,581.21)	(8,042.139130)	306	(523,348.80)	SERIES
1BGSIX	3,489,488.38	47,881.523338	1079	(105,088.09)	(1,550.394222)	29	(113,188.69)	SERIES
1CSEIX	449,853.84	25,362.119690	3309	(210,154.72)	(12,328.943626)	246	(188,071.07)	SERIES
1FNARX	483,238.94	18,925.162102	382	(161,494.98)	(5,657.244117)	65	(146,375.18)	SERIES
1MTCJX	1,269,007.94	17,441.985472	4058	(4,397,051.40)	(55,065.364656)	770	(3,175,891.42)	SERIES
1INIYX	490,708.56	41,732.541859	1105	(697,159.73)	(57,982.456370)	196	(693,524.70)	SERIES
1VGENX	191,213.03	5,439.824232	990	(569,922.95)	(16,066.608572)	201	(614,423.16)	SERIES
1CXXRX	1,003,474.72	32,608.452967	3864	(450,841.76)	(14,633.109833)	373	(370,861.47)	SERIES
1DEVIX	380,794.49	4,915.302598	2005	(613,015.41)	(8,019.362587)	288	(473,211.91)	SERIES
1CPXRX	520,025.71	28,821.781569	2682	(346,128.08)	(18,353.361828)	288	(289,034.97)	SERIES
1MGRXTM	138,127.68	3,587.109535	967	(1,800,073.23)	(45,805.693935)	264	(1,280,427.88)	SERIES
1OTCJX	1,898,715.72	63,608.917413	2411	(224,959.12)	(7,201.364883)	225	(213,620.14)	SERIES
1VETAX	403,800.92	8,579.786690	763	(342,353.04)	(6,866.440484)	105	(325,745.13)	SERIES
1RMFEX	509,404.08	10,203.901727	1939	(474,224.86)	(9,622.761474)	227	(443,911.04)	SERIES
1AFWM4	66,091.94	1,253.190689	577	(2,471,919.03)	(45,295.549320)	193	(2,103,362.31)	SERIES
1DGIGX	2,550,658.59	60,948.149494	1868	(367,739.30)	(8,463.827474)	106	(351,679.88)	SERIES
1CLXRX	843,632.50	13,499.682264	2658	(1,062,776.62)	(16,786.405965)	275	(869,175.80)	SERIES
1TBCIX	1,810,903.71	10,241.152210	4617	(1,608,045.99)	(9,168.722144)	417	(1,311,689.92)	SERIES
1VTSAX	2,752,447.56	25,851.674493	7111	(1,660,406.65)	(16,170.391360)	473	(1,314,435.91)	SERIES
1BFRIX	211,114.78	21,240.609184	768	(61,871.86)	(6,232.872494)	69	(60,179.10)	SERIES
1BHYAX	248,045.74	31,695.690967	3418	(212,105.09)	(27,049.513014)	199	(207,018.65)	SERIES
1MIPZX	313,428.27	28,406.052489	1101	(282,858.60)	(25,470.784793)	111	(279,289.98)	SERIES
1WIPDX	420,116.66	31,386.862197	2258	(551,594.08)	(41,303.660131)	183	(546,521.12)	SERIES
1KGPf	2,096,844.97	0.000000	1359	(2,079,250.66)	0.000000	345	(2,079,250.66)	SERIES

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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LEGEND

INVESTMENT OPTION:

3KGPF Key Guaranteed Portfolio Fund
 1RDBTX American Funds 2015 Trgt Date Retire R4
 1RDDTX American Funds 2025 Trgt Date Retire R4
 1RDHTX American Funds 2045 Trgt Date Retire R4
 1RDJTX American Funds 2055 Trgt Date Retire R4
 1RNWEX American Funds New World Fund R4
 1MINGX MFS International Intrinsic Value R3
 1SIEIX State Street Instl International Eq Inv
 1SHSAX BlackRock Health Sciences Opps Inv A
 1CSEIX Cohen & Steers Real Estate Securities A
 1MTCJX MFS Technology R4
 1VGEXX Vanguard Energy Fund
 1DEVIX Delaware Small Cap Value Instl
 1MGRXTM Great-West T Rowe Price MdCp Gr Fund Inv
 1VETAX Victory Sycamore Established Value A
 1AFWM4 American Funds Washington Mutual R4
 1CLXRX Columbia Large Cap Index Instl 2
 1VTSAX Vanguard Total Stock Mkt Idx Adm
 1BHYAX BlackRock High Yield Bond Inv A
 1WIPDX Allspring Core Plus Bond Administrator

5KGPF Plan Expense Account
 1RDCTX American Funds 2020 Trgt Date Retire R4
 1RDFTX American Funds 2035 Trgt Date Retire R4
 1RDLTX American Funds 2065 Target Date Fund R4
 1PAEAX Putnam Dynamic Asset Allocation Growth A
 1DIISX BNY Mellon International Stock Index Inv
 1GTRAX PGIM Global Total Return A
 1VWIGX Vanguard International Growth Fund Inv
 1BGSIX BlackRock Technology Opportunities Instl
 1FNARX Fidelity Natural Resources
 1INIYX VanEck Intl Investors Gold Y
 1CXXRX Columbia Small Cap Index Instl 2
 1CPXRX Columbia Mid Cap Index Instl 2
 1OTCJX MFS Mid Cap Growth R4
 1RMFEX American Funds American Mutual R4
 1DGIGX BNY Mellon Appreciation I
 1TBCIX T. Rowe Price Blue Chip Growth I
 1BFRIX BlackRock Floating Rate Income Instl
 1MIPZX MassMutual Inf-Prot and Inc I
 1KGPF Key Guaranteed Portfolio Fund

CIM Group, LP 401(k) Plan
Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)
As of December 31, 2021
Employer ID number: 95-4799326, Plan number 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current Value
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			Total	<u>\$ 97,572,364</u>

* Party-in-interest (as defined in the ERISA regulations)

** Cost omitted for participant directed investments

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Reasonable interest is charged based on prevalent market rates.

See report of independent public accountants and accompanying notes to the financial statements.

Above information has been certified by Great-West Life & Annuity Insurance Company, the trustee, as complete and accurate.