

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: CIM GROUP, L.P. 401K PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2001
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: 6922 HOLLYWOOD BLVD, SUITE 900, LOS ANGELES, CA 90028
2b Employer Identification Number (EIN): 95-4799326
2c Plan Sponsor's telephone number: 323-860-4900
2d Business code (see instructions): 531310

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1566
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1120
	<b>6a(2)</b>	1019
	<b>6b</b>	20
	<b>6c</b>	451
	<b>6d</b>	1490
	<b>6e</b>	0
	<b>6f</b>	1490
	<b>6g(1)</b>	1501
<b>6g(2)</b>	1447	
<b>6h</b>	189	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

---

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

---

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

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

---

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

---

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**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	60	01/01/2024	12/31/2024

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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	

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	4102992
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	0
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input checked="" type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 4195799
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 269155
	(2) Dividends and credits.....	<b>7c(2)</b> 0
	(3) Interest credited during the year.....	<b>7c(3)</b> 57807
	(4) Transferred from separate account .....	<b>7c(4)</b> 2099720
	(5) Other (specify below)..... ▶ <b>LOAN REPAYMENTS;FORFEITURES</b>	<b>7c(5)</b> 595884
	(6) Total additions .....	<b>7c(6)</b> 3022566
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 7218365
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 880554
	(2) Administration charge made by carrier.....	<b>7e(2)</b> -119586
	(3) Transferred to separate account .....	<b>7e(3)</b> 2354405
	(4) Other (specify below)..... ▶	<b>7e(4)</b> 0
(5) Total deductions .....	<b>7e(5)</b> 3115373	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 4102992

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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.	<b>10b</b>	

**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. ▶

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

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	63036	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UBS FINANCIAL SERVICES, INC.

P O BOX 198928  
NASHVILLE, TN 37238

(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?
27	INVESTMENT ADVISOR	26815	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER FINANCIAL SERVICES, INC.

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	150	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>CIM GROUP, L.P. 401K PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CIM GROUP, L.P.</u>	<b>D</b> Employer Identification Number (EIN) <u>95-4799326</u>

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TOTAL STOCK MARKET IDX INS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT WEST INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>84-0467907-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25071947</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2045 TRGT DATE RETIR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT WEST INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>84-0467907-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15369324</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2055 TRGT DATE RETIR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT WEST INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>84-0467907-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13471631</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2035 TRGT DATE RETIR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT WEST INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>84-0467907-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12445961</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2050 TRGT DATE RETIR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT WEST INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>84-0467907-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9846295</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2025 TRGT DATE RETIR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT WEST INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>84-0467907-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8291617</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2040 TRGT DATE RETIR</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT WEST INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>84-0467907-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7247292</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON APPRECIATION Y		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4720370
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TRGT DATE RETIR		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3743904
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 TRGT DATE RETIR		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3425937
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP INDEX ADM		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2700631
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERNATIONAL GROWTH ADM		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2188244
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMERICAN MUTUAL R6		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2186572
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MACQUARIE SMALL CAP VALUE R6		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2109664
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TRGT DATE RETIR		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2094002
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP INDEX		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1646277
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2065 TRGT DATE RETIR		
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY		
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1627895

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS REAL ESTATE SECURITI			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1489440
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE PLUS BOND R6			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1322196
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY US BOND INDEX			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1164273
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL INF-PROT AND INC I			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	859986
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YIELD BOND PORTFOLIO			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	707754
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCAMORE ESTABLISHED VALUE			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	698425
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD R6			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	565167
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD INTERNATIONAL VALUE R6			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21165
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WASATCH CORE GROWTH			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20458
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2070 TRGT DATE RETIR			
<b>b</b> Name of sponsor of entity listed in (a): GREAT WEST INSURANCE COMPANY			
<b>c</b> EIN-PN 84-0467907-000	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	853



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CIM GROUP, L.P. 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CIM GROUP, L.P.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-4799326</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	14198
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	10010	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	1017	0
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	979907	1277975
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	3673840
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	108449581	126235861
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	4195800	4102992
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	113636315	135304866
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	113636315	135304866

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4299142	
(B) Participants.....	2a(1)(B)	12656338	
(C) Others (including rollovers).....	2a(1)(C)	2130278	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		19085758
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	224	
(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)	91734	
(F) Other.....	2b(1)(F)	57807	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		149765
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5306437	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		5306437
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(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 .....	<b>2b(6)</b>		-214858
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		12033877
<b>c</b> Other income .....	<b>2c</b>		189317
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		36550296

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	14489126	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		14489126
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		267132
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	26815	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	98672	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		125487
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		14881745

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		21668551
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **JMK CPA PARTNERS,LLP**

(2) EIN: **33-2235340**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16042
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> 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.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	
----------------------------------------------------------------------------------------------------------------------------------	---	--

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

CIM Group, LP 401(k) Plan  
Report on Financial Statements  
(With Supplementary Information)  
December 31, 2024 and 2023

CIM Group, LP 401(k) Plan

Financial Statements

December 31, 2024 and 2023

**Table of Contents**

Independent Auditors' Report	1 – 4
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	5
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024	6
Notes to the Financial Statements	7 – 14
Supplemental Schedule of Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	15
Supplemental Schedule of Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions as of December 31, 2024	16

### **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***

We have performed audits of the accompanying 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of CIM Group, LP 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 1 to the financial statements, is complete and accurate.

#### ***Opinion***

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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).

**Independent Auditors' Report (continued)**

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

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 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.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 for one year after the date the financial statements are available to be issued.

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

***Auditor's Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

**Independent Auditors' Report (continued)**

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

***Auditor's Responsibilities for the Audit of the Financial Statements (continued)***

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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the CIM Group, LP 40(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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 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.

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.

**Independent Auditors' Report (continued)**

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2024, are presented for purposes of additional analysis and are 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 relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

JMK CPA Partners LLP

October 13, 2025  
Los Angeles, California

CIM Group, LP 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

ASSETS

	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Cash and cash equivalents	\$ 14,198	\$ -
Common collective trusts	3,673,840	-
Guaranteed investment contract	4,102,992	4,195,800
Registered investment companies	126,235,861	108,449,581
	<u>134,026,891</u>	<u>112,645,381</u>
Receivables:		
Participant contributions receivable	-	1,017
Employer contributions receivable	-	10,010
Notes receivable from participants	1,277,975	979,907
	<u>1,277,975</u>	<u>990,934</u>
Total receivables	<u>1,277,975</u>	<u>990,934</u>
Net assets available for benefits	<u>\$ 135,304,866</u>	<u>\$ 113,636,315</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, 2024

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation (depreciation) in fair value of:

Common collective trust	(214,858)	
Registered investment companies	12,033,877	
Dividends from registered investment companies	5,306,437	
Interest on cash and cash equivalents	224	
Interest on guaranteed investment contract	57,807	\$ 17,183,487
Interest income on notes receivable from participants		91,734
Contributions from participants - salary deferrals		12,656,338
Contributions from participants - rollovers		2,130,278
Contributions from employer		4,299,142
Other income		189,317
		<hr/>
Total additions		36,550,296

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	14,756,258	
Administration fees	125,487	14,881,745
		<hr/>
Net increase		21,668,551

Net assets available for benefits:

Beginning of year		113,636,315
		<hr/>
End of year		\$ 135,304,866
		<hr/> <hr/>

See accompanying notes to the financial statements

CIM Group, LP 401(k) Plan

Notes to the Financial Statements

December 31, 2024 and 2023

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the CIM Group, LP 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement 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.; OCV Management, LLC, CIM Capital Securities Management LLC; BLI, LLC, and Terreva Renewables Corporate, LLC (collectively the “Employer”). 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. 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 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. 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, 2024 and 2023, Employer matching contributions aggregated \$4,758,147 and \$4,624,928, respectively. The matching contributions were separately 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, 2024 and 2023

**NOTE 1 - DESCRIPTION OF THE PLAN (continued)**

**Vesting**

Participants are vested immediately 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.

**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, 2024 and 2023, the balance in the forfeited non-vested account was \$708,522 and \$453,083, respectively. Also, \$459,005 and \$718,490 from the forfeited account was used to offset 2024 and 2023 Employer contributions, respectively. During 2024, \$69,961 from the forfeited non-vested account balance was used to pay for Plan related expenses.

**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 loans 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 9.50% and the notes mature between January 2025 and April 2053.

**Administration**

The Plan has engaged Empower Trust Company, LLC ("Empower") as the Plan trustee and the record keeper of the Plan. The assets of each fund within the Plan are invested under an arrangement with Empower, the trustee. Upon enrollment in the Plan, a participant may direct their contributions in the various investment options offered by Empower. Participants should carefully read the prospectus before investing in the various investment options offered under the Plan.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2024 and 2023

**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.

**Tax Status**

The IRS has determined and informed the Employer by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, 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 IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require 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.

**Related-Party Transactions and Party-in-Interest Transactions**

Certain Plan investments are managed by Empower, 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 under revenue sharing arrangement. The Plan or Plan sponsor may make a payment to the trustee for administrative expenses not covered by revenue sharing.

**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, 2024 and 2023, 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, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2024 and 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

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 adjustment was considered insignificant. The Statement of Changes in Net Assets Available for Benefits is prepared using the 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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Employer determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees, and insurance company. See note on fair value below for discussion of fair value measurements. 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.

**Common Collective Trust / Guaranteed Investment Contract**

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract/common collective trust with Empower, Plan trustee. Empower 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 (common collective trust) issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2024 and 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Common Collective Trust / Guaranteed Investment Contract (continued)**

Because the guaranteed investment contract and common collective trust are 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 and common collective trust are 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 Empower, 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 common collective trust as December 31, 2024 was \$3,673,840; and the fair value of the general investment contract at December 31, 2024 and 2023 was \$4,102,992 and 4,195,800, respectively. The crediting 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 might limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) 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, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) 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, or (d) a material amendment to the agreement without the consent of the issuer.

**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, 2024 and 2023. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Payment of Benefits**

Benefits are recorded when paid.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2024 and 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Other Income and Expenses**

Other income comprises \$189,317 of revenue credit received from Empower which was used to offset Plan administration expenses.

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of note receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

**Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

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

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

Level 2: Inputs to the valuation methodology include

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

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

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, 2024 and 2023.

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2024 and 2023

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Fair Value Measurements (continued)**

Cash and cash equivalents: Designated as level 1 and valued at the closing price reported on the active market on which the individual accounts are traded.

Common collective trust / Guaranteed investment contract: 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).

Registered investment companies (mutual funds): 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 SEC. 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.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	(Level 1)	(Level 2)	(Level 3)	Total
Cash and cash equivalents	\$ 14,198	\$ -	\$ -	\$ 14,198
Common collective trust	-	3,673,840	-	3,673,840
Guaranteed investment contract	-	4,102,992	-	4,102,992
Registered investment companies	126,235,861	-	-	126,235,861
Investments at fair value	<u>\$ 126,250,059</u>	<u>\$ 7,776,832</u>	<u>\$ -</u>	<u>\$ 134,026,891</u>

  

	Assets at Fair Value as of December 31, 2023			
	(Level 1)	(Level 2)	(Level 3)	Total
Guaranteed investment contract	\$ -	\$ 4,195,800	\$ -	\$ 4,195,800
Registered investment companies	108,449,581	-	-	108,449,581
Investments at fair value	<u>\$ 108,449,581</u>	<u>\$ 4,195,800</u>	<u>\$ -</u>	<u>\$ 112,645,381</u>

CIM Group, LP 401(k) Plan

Notes to the Financial Statements (continued)

December 31, 2024 and 2023

**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.

**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**

As part of its normal business operations and consistent with its growth strategy, the Employer enters into acquisition and merger agreements to pursue business opportunities. Usually, the employees of the acquired entity are rehired by the Employer and permitted to participate in the Plan. The Plan takes into consideration all relevant controlled group issues when testing for qualification.

The Plan has evaluated subsequent events through October 13, 2025, 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.

**NOTE 6 – NON-EXEMPT TRANSACTIONS**

During 2024, the Employer erroneously failed to remit participant salary deferrals aggregating \$ 15,606 (\$1,017 in 2023), and participant loan repayments aggregating \$436, to the Plan trustee in a timely manner, as defined by ERISA. These contributions are considered non-exempt party-in-interest transactions which may result in the imposition of excise tax on the amount of the transactions. The Employer intends to compensate participants for lost earnings and to pay all fines imposed including excise tax resulting from these late remittances. See attached supplemental Schedule of Delinquent Participant Contributions. The Employer believes that these non-exempt transactions do not affect the tax status determination of the Plan.

**SUPPLEMENTAL SCHEDULES**

CIM Group, LP 401(k) Plan  
Schedule H, Part IV, Line 4i  
Schedule of Assets (Held at End of Year)  
As of December 31, 2024  
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
*	Empower Trust Company, LLC	Allspring Core Plus Bond R6		\$ 1,322,196
*	Empower Trust Company, LLC	American Funds 2020 Trgt Date Retire R6		2,094,003
*	Empower Trust Company, LLC	American Funds 2025 Trgt Date Retire R6		8,291,617
*	Empower Trust Company, LLC	American Funds 2030 Trgt Date Retire R6		3,743,904
*	Empower Trust Company, LLC	American Funds 2035 Trgt Date Retire R6		12,445,961
*	Empower Trust Company, LLC	American Funds 2040 Trgt Date Retire R6		7,247,292
*	Empower Trust Company, LLC	American Funds 2045 Trgt Date Retire R6		15,369,324
*	Empower Trust Company, LLC	American Funds 2050 Trgt Date Retire R6		9,846,295
*	Empower Trust Company, LLC	American Funds 2055 Trgt Date Retire R6		13,471,631
*	Empower Trust Company, LLC	American Funds 2060 Trgt Date Retire R6		3,425,937
*	Empower Trust Company, LLC	American Funds 2065 Trgt Date Retire R6		1,627,895
*	Empower Trust Company, LLC	American Funds 2070 Trgt Date Retire R6		853
*	Empower Trust Company, LLC	American Funds American Mutual R6		2,186,572
*	Empower Trust Company, LLC	American Funds New World Fund R6		565,167
*	Empower Trust Company, LLC	Baron Partners Fund		334,238
*	Empower Trust Company, LLC	BlackRock		20,680
*	Empower Trust Company, LLC	BlackRock High Yield Bond Portfolio K		707,754
*	Empower Trust Company, LLC	BNY Mellon Appreciation Y		4,720,370
*	Empower Trust Company, LLC	Cash and Cash Equivalents		14,198
*	Empower Trust Company, LLC	Cohen & Steers Real Estate Securities Z		1,489,440
*	Empower Trust Company, LLC	Fidelity Mid Cap Index		1,646,277
*	Empower Trust Company, LLC	Fidelity US Bond Index		1,164,273
*	Empower Trust Company, LLC	Hartford International Value R6		21,165
*	Empower Trust Company, LLC	Key Guaranteed Portfolio Fund (including forfeiture \$708,522)		4,102,992
*	Empower Trust Company, LLC	Macquaire Small Cap Value R6		2,109,664
*	Empower Trust Company, LLC	Massmutual Inf-Prot and Inc I		859,986
*	Empower Trust Company, LLC	MFS International Equity CIT CL 2		1,707,274
*	Empower Trust Company, LLC	MFS Mid Cap Growth CIT Class 2W		1,966,566
*	Empower Trust Company, LLC	Vanguard		389,405
*	Empower Trust Company, LLC	Vanguard International Growth Adm		2,188,244
*	Empower Trust Company, LLC	Vanguard Small Cap Index Adm		2,700,631
*	Empower Trust Company, LLC	Vanguard Total Stock Market Idx Instl		25,071,947
*	Empower Trust Company, LLC	Vanguard Treasury		454,257
*	Empower Trust Company, LLC	Victory Sycamore Established Value R6		698,425
*	Empower Trust Company, LLC	Wasatch Core Growth		20,458
<b>* (1)</b>	Empower Trust Company, LLC	Notes Receivable from Participants		1,277,975
			Total	<u><u>\$ 135,304,866</u></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.

The above information has been certified by Empower Trust Company, LLC, the trustee, as complete and accurate.

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

CIM Group, LP 401(k) Plan  
Schedule H, Part IV, Line 4a  
Schedule of Delinquent Participant Contributions  
For the year ended December 31, 2024  
Employer ID number: 95-4799326, Plan number 001

Total That Constitute Nonexempt Prohibited Transactions							
Participant Contributions Transferred Late to Plan			Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002- 51
Amount Withheld	Date Withheld	Date Remitted					
\$ 15,358.60	3/13/2024	3/29/2024		\$ -	\$ 15,358.60	\$ -	\$ -
207.69	7/19/2024	8/6/2024		-	207.69	-	-
39.40	10/11/2024	11/8/2024		-	39.40	-	-
<u>\$ 15,605.69</u>				<u>\$ -</u>	<u>\$ 15,605.69</u>	<u>\$ -</u>	<u>\$ -</u>

Total That Constitute Nonexempt Prohibited Transactions							
Participant Loan Repayments Transferred Late to Plan			Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002- 51
Amount Withheld	Date Withheld	Date Remitted					
\$ 435.94	3/15/2024	4/1/2024		-	\$ 435.94	-	-
<u>\$ 435.94</u>				<u>\$ -</u>	<u>\$ 435.94</u>	<u>\$ -</u>	<u>\$ -</u>

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

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3KGPF	589,059.28	0.000000	253	(459,491.82)	0.000000	12	(459,491.82)	SERIES
4KGPF	490.45	0.000000	4	0.00	0.000000	2	0.00	SERIES
5KGPF	189,317.15	0.000000	12	(69,474.20)	0.000000	4	(69,474.20)	SERIES
1RDCTX	94,121.52	7,095.186224	305	(1,468,151.15)	(103,197.266425)	56	(1,459,354.54)	SERIES
1RDDTX	1,367,849.49	90,246.074936	4152	(12,510,849.92)	(778,235.959350)	588	(11,738,601.96)	SERIES
1RDFTX	3,317,766.85	179,065.572987	8770	(21,602,619.42)	(1,079,892.406274)	1075	(18,835,884.62)	SERIES
1RDHTX	3,516,526.55	172,549.540328	9453	(23,799,774.02)	(1,071,228.927876)	1195	(20,059,097.49)	SERIES
1RDLTX	1,660,287.39	98,243.804304	4802	(3,256,712.52)	(178,344.828342)	418	(2,802,485.96)	SERIES
1RFBFX	880.56	78.332027	8	0.00	0.000000	0	0.00	SERIES
1RDJTX	4,347,584.19	171,907.306355	14044	(22,168,567.94)	(804,021.068339)	1514	(18,829,897.30)	SERIES
1RRCTX	3,056,271.24	212,121.903477	261	(795,000.68)	(56,549.649514)	39	(814,930.26)	SERIES
1RFDTX	14,918,621.74	914,230.482776	803	(6,000,431.13)	(368,370.225211)	183	(6,037,331.01)	SERIES
1RFETX	5,088,510.84	277,182.701238	564	(1,112,489.44)	(60,646.889005)	50	(1,119,472.37)	SERIES
1RFFTX	23,642,378.25	1,158,107.798865	1690	(10,232,118.28)	(504,433.401482)	403	(10,329,682.95)	SERIES
1RFGTX	7,909,889.52	362,635.397843	998	(221,630.50)	(10,140.652655)	10	(222,686.27)	SERIES
1RFHTX	28,953,372.62	1,278,551.658825	2367	(12,454,432.41)	(553,583.548486)	504	(12,571,573.51)	SERIES
1RFITX	10,672,943.95	481,473.058215	1508	(225,689.02)	(10,358.475084)	21	(230,120.22)	SERIES
1RFKTX	26,837,875.84	951,593.956709	3286	(12,384,112.12)	(441,884.131597)	730	(12,500,057.04)	SERIES
1RFUTX	3,724,476.32	196,080.100203	1151	(94,683.88)	(5,007.191825)	14	(95,932.13)	SERIES
1RFVTX	3,083,018.58	166,373.089989	777	(1,351,004.66)	(73,297.353758)	211	(1,363,219.89)	SERIES
1PAEAX	493,320.39	24,570.402511	1891	(2,306,868.50)	(104,476.819908)	335	(1,881,405.01)	SERIES
1RNWEX	207,727.70	2,615.513463	921	(647,200.85)	(7,883.263269)	116	(581,874.39)	SERIES
1RNWGX	636,252.05	7,691.459780	265	(29,170.45)	(348.761991)	18	(28,940.28)	SERIES
1HILUX	22,630.15	1,165.498393	9	0.00	0.000000	0	0.00	SERIES
1MIECC2	1,806,561.02	93,762.497048	253	(20,609.71)	(1,076.605605)	15	(20,746.20)	SERIES
1MIEIX	84,216.45	2,498.255068	783	(336,921.43)	(9,593.042871)	130	(301,547.14)	SERIES
1MINGX	110,438.24	2,810.296663	1276	(1,989,376.44)	(48,744.428727)	389	(1,973,939.52)	SERIES
1VWIGX	451,087.34	13,218.706764	3039	(2,821,602.59)	(77,452.442677)	477	(2,683,271.64)	SERIES
1VWILX	2,505,200.26	21,553.400971	1215	(937.99)	(9.200492)	27	(1,071.02)	SERIES
1SHSAX	281,025.15	4,025.407410	2659	(1,755,303.00)	(25,370.708302)	394	(1,635,106.88)	SERIES
1BGSIX	3,293,540.18	48,309.242686	4299	(8,714,128.65)	(116,645.556553)	1276	(7,444,053.32)	SERIES
1CSZIX	1,596,625.91	86,544.033823	374	(5,149.74)	(299.677090)	21	(5,422.57)	SERIES
1CSEIX	275,407.33	16,672.859439	2958	(1,673,607.05)	(98,386.475139)	638	(1,519,955.62)	SERIES
1FNARX	353,248.67	7,686.975929	1892	(1,212,847.29)	(26,870.386693)	549	(979,725.52)	SERIES
1JINIX	278,222.77	25,398.997097	1070	(632,206.25)	(51,438.643447)	363	(537,116.64)	SERIES
1CXXRX	810,722.89	31,636.067443	3079	(3,387,908.69)	(122,697.379601)	498	(3,086,776.32)	SERIES
1DEVIX	276,507.81	3,774.345401	1560	(2,467,890.07)	(30,001.664308)	275	(1,888,012.50)	SERIES
1DVZRX	2,502,133.61	30,337.970240	595	(12,625.00)	(178.370967)	30	(14,720.29)	SERIES
1VSMAX	2,993,304.47	24,213.772293	585	(89,688.36)	(762.655329)	43	(94,246.45)	SERIES
1WGROX	23,656.68	227.645128	9	0.00	0.000000	0	0.00	SERIES
1CPXRX	534,264.45	32,662.534613	2207	(1,924,606.10)	(120,140.412488)	317	(1,894,926.96)	SERIES
1FSMDX	1,796,629.77	48,944.325523	817	(7,020.62)	(194.645773)	33	(7,186.10)	SERIES
1OTCJX	478,054.86	15,343.640609	2700	(2,637,846.29)	(77,935.433223)	533	(2,264,389.42)	SERIES
1FMFC2W	2,116,897.43	117,414.036693	261	(14,150.64)	(815.977424)	50	(14,714.42)	SERIES
1VETAX	280,461.59	5,711.604429	1873	(1,043,767.47)	(19,929.502228)	324	(922,020.91)	SERIES
1VEVRX	890,454.15	16,919.955194	421	(90,746.14)	(1,733.502446)	33	(92,487.18)	SERIES
1RMFEX	273,709.82	4,998.682532	2098	(2,494,109.35)	(42,393.323430)	387	(1,940,815.97)	SERIES
1RMFGX	2,367,975.27	39,671.950763	475	(3,123.21)	(52.965427)	46	(3,151.85)	SERIES
1BIRIX	343,827.56	15,604.097266	754	(495,202.87)	(21,504.356439)	129	(456,769.44)	SERIES
1DGYGX	5,907,865.99	129,692.883390	1005	(385,738.80)	(8,408.964657)	52	(388,895.53)	SERIES
1DGIGX	1,315,439.82	29,942.443420	4774	(6,944,688.57)	(152,492.805577)	709	(6,130,385.24)	SERIES
1CLXRX	893,882.60	15,154.458573	3079	(6,423,370.64)	(97,139.026336)	680	(5,194,590.52)	SERIES
1VTSAX	5,685,000.03	43,909.976522	9243	(22,191,448.37)	(151,933.849556)	1290	(15,526,935.37)	SERIES

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1VITSX	27,004,339.88	183,440.621124	1964	(830,696.62)	(5,688.424984)	132	(837,788.87)	SERIES
1CBAIX	122,955.36	2,692.530315	232	(145,604.47)	(3,025.025349)	34	(135,261.32)	SERIES
1BFRIX	238,717.00	24,633.064571	2510	(950,538.45)	(97,991.194477)	360	(944,200.76)	SERIES
1BRHYX	730,261.06	101,159.919275	436	(10,635.49)	(1,476.335225)	37	(10,659.15)	SERIES
1BHYAX	166,531.89	23,486.475347	2625	(881,717.95)	(122,819.149386)	281	(894,526.12)	SERIES
1MDWIX	73,293.11	14,032.079853	1057	(392,520.45)	(74,161.415566)	59	(391,578.92)	SERIES
1FXNAX	1,424,156.96	136,282.666088	379	(231,035.29)	(22,361.595291)	64	(233,892.24)	SERIES
1MIPZX	238,107.56	25,476.978007	2008	(174,051.25)	(18,814.598909)	116	(188,489.56)	SERIES
1STYJX	1,457,883.79	128,139.940415	235	(100,635.29)	(8,915.815955)	46	(101,457.75)	SERIES
1WIPDX	670,471.47	59,926.984044	1730	(1,578,601.03)	(139,328.276899)	346	(1,647,879.93)	SERIES
1SDBEMP	1,400,307.44	0.000000	19	(250,503.49)	0.000000	5	(250,503.49)	SERIES
1SDBEMR	172,818.96	0.000000	4	(142,520.09)	0.000000	1	(142,520.09)	SERIES
1KGPFF	2,375,208.33	0.000000	1511	(2,775,723.68)	0.000000	610	(2,775,723.68)	SERIES

## 5% TRANSACTIONS

1RDDTX	24,299.86	1,498.141802	109	(10,590,018.26)	(652,898.779762)	255	(9,824,845.86)	06-DEC-24
1RDFTX	46,319.85	2,287.399994	253	(17,141,562.40)	(846,496.907547)	529	(14,854,407.81)	06-DEC-24
1RDHTX	61,015.46	2,719.049026	314	(20,857,551.70)	(929,480.920858)	714	(17,542,779.57)	06-DEC-24
1RDJTX	86,420.58	3,106.419122	495	(19,426,376.93)	(698,288.174580)	1009	(16,407,966.53)	06-DEC-24
1RFDTX	10,591,705.78	646,229.760827	278	0.00	0.000000	0	0.00	06-DEC-24
1RFFTX	17,764,867.27	867,425.159669	599	0.00	0.000000	0	0.00	06-DEC-24
1RFHTX	22,351,917.83	984,232.401139	857	0.00	0.000000	0	0.00	06-DEC-24
1RFKTX	20,207,683.46	714,304.823611	1135	0.00	0.000000	0	0.00	06-DEC-24
1VTSAX	65,682.76	446.032601	210	(20,193,918.61)	(137,131.051413)	621	(13,944,506.40)	06-DEC-24
1VITSX	26,056,175.29	176,903.899066	912	0.00	0.000000	0	0.00	06-DEC-24
1RFGTX	6,543,670.68	299,893.248399	197	0.00	0.000000	0	0.00	10-DEC-24
1RFHTX	5,429,576.92	241,314.529777	207	(12,290,531.76)	(546,245.861731)	434	(12,405,032.28)	10-DEC-24
1RFITX	8,840,023.23	398,738.079835	323	0.00	0.000000	0	0.00	10-DEC-24
1RFKTX	6,086,008.78	217,124.822687	380	(12,212,196.09)	(435,683.062218)	701	(12,325,428.84)	10-DEC-24

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

## LEGEND

## INVESTMENT OPTION:

3KGP	Key Guaranteed Portfolio Fund	4KGP	Key Guaranteed Portfolio Fund
5KGP	Plan Expense Account	1RDCTX	American Funds 2020 Trgt Date Retire R4
1RDDTX	American Funds 2025 Trgt Date Retire R4	1RDFTX	American Funds 2035 Trgt Date Retire R4
1RDHTX	American Funds 2045 Trgt Date Retire R4	1RDLTX	American Funds 2065 Target Date Fund R4
1RFBFX	American Funds 2070 Trgt Date Retire R6	1RDJTX	American Funds 2055 Trgt Date Retire R4
1RRCTX	American Funds 2020 Trgt Date Retire R6	1RFDTX	American Funds 2025 Trgt Date Retire R6
1RFETX	American Funds 2030 Trgt Date Retire R6	1RFFTX	American Funds 2035 Trgt Date Retire R6
1RFGTX	American Funds 2040 Trgt Date Retire R6	1RFHTX	American Funds 2045 Trgt Date Retire R6
1RFITX	American Funds 2050 Trgt Date Retire R6	1RFKTX	American Funds 2055 Trgt Date Retire R6
1RFUTX	American Funds 2060 Trgt Date Retire R6	1RFVTX	American Funds 2065 Trgt Date Retire R6
1PAEAX	Putnam Dynamic Asset Allocation Growth A	1RNWEX	American Funds New World Fund R4
1RNWGX	American Funds New World R6	1HILUX	Hartford International Value R6
1MIECC2	MFS International Equity CIT CL 2	1MIEIX	MFS International Equity R6
1MINGX	MFS International Intrinsic Value R3	1VWIGX	Vanguard International Growth Fund Inv
1VWILX	Vanguard International Growth Adm	1SHSAX	BlackRock Health Sciences Opps Inv A
1BGSIX	BlackRock Technology Opportunities Instl	1CSZIX	Cohen & Steers Real Estate Securities Z
1CSEIX	Cohen & Steers Real Estate Securities A	1FNARX	Fidelity Natural Resources
1INIYX	VanEck Intl Investors Gold Y	1CXXRX	Columbia Small Cap Index Instl 2
1DEVIX	Delaware Small Cap Value Instl	1DVZRX	Macquarie Small Cap Value R6
1VSMAX	Vanguard Small Cap Index Adm	1WGROX	Wasatch Core Growth
1CPXRX	Columbia Mid Cap Index Instl 2	1FSMDX	Fidelity Mid Cap Index
1OTCJX	MFS Mid Cap Growth R4	1MFMC2W	MFS Mid Cap Growth CIT Class 2w
1VETAX	Victory Sycamore Established Value A	1VEVRX	Victory Sycamore Established Value R6
1RMFEX	American Funds American Mutual R4	1RMFGX	American Funds American Mutual R6
1BIRIX	BlackRock Sustainable Adv Lrg Cp Cor Ins	1DGYGX	BNY Mellon Appreciation Y
1DGIGX	BNY Mellon Appreciation I	1CLXRX	Columbia Large Cap Index Instl 2
1VTSAX	Vanguard Total Stock Mkt Idx Adm	1VITSX	Vanguard Total Stock Market Idx Instl
1CBAIX	Calvert Balanced I	1BFRIX	BlackRock Floating Rate Income Instl
1BRHYX	BlackRock High Yield Bond Portfolio K	1BHAYX	BlackRock High Yield Inv A
1MDWIX	BlackRock Strategic Global Bond Inv A	1FXNAX	Fidelity US Bond Index
1MIPZX	MassMutual Inf-Prot and Inc I	1STYJX	Allspring Core Plus Bond R6
1WIPDX	Allspring Core Plus Bond Administrator	1SDBEMP	Empower SDB
1SDBEMR	Empower SDB Roth	1KGP	Key Guaranteed Portfolio Fund

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

CIM Group, L.P. 401(k) Plan

01-JAN-24 to 31-DEC-24

23-JAN-25 19:03:29

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRFBFX			880.56	853.04
IRRCTX			2,241,340.98	2,094,002.49
IRFDTX			8,881,290.71	8,291,617.34
IRFETX			3,969,038.48	3,743,904.19
IRFFTX			13,312,695.28	12,445,960.55
IRFGTX			7,687,203.25	7,247,292.02
IRFHTX			16,381,799.11	15,369,323.94
IRFITX			10,442,823.74	9,846,294.74
IRFKTX			14,337,818.79	13,471,630.63
IRFUTX			3,628,544.19	3,425,937.19
IRFVTX			1,719,798.70	1,627,894.60
IRNWGX			607,311.78	565,167.45
IHILUX			22,630.15	21,165.45
IMIECC2			1,785,814.83	1,707,274.12
IVWILX			2,504,129.25	2,188,244.35
ICSZIX			1,591,203.33	1,489,440.07
IDVZRX			2,487,413.31	2,109,664.01
IVSMAX			2,899,058.01	2,700,630.68
IWGROX			23,656.68	20,458.47
IFSMDX			1,789,443.66	1,646,276.70
IMFMC2W			2,102,183.01	1,966,566.25
IVEVRX			797,966.96	698,424.96
IRMFGX			2,364,823.46	2,186,571.79
IDGYGX			5,518,970.48	4,720,370.18
IVITSX			26,166,551.03	25,071,947.26
IBRHYY			719,601.92	707,753.50
IFXNAX			1,190,264.72	1,164,273.30
IMIPZX			949,646.59	859,986.49
ISTYJX			1,356,426.09	1,322,195.55
ISDBEMP			1,182,554.95	1,182,554.95
ISDBEMR			30,222.50	30,222.50
IKGPF		1.450	3,182,569.28	3,394,469.98
			<b>141,875,675.78</b>	<b>133,318,368.74</b>
PARTICIPANT LOANS	VARIOUS	4.000-9.500	1,273,978.30	1,277,975.35
FORFEITURES			656,794.60	708,522.10

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

CIM Group, L.P. 401(k) Plan

01-JAN-24 to 31-DEC-24

23-JAN-25 19:03:29

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
-------------------	---------------	---------------	----------------	---------------

## LEGEND

## INVESTMENT OPTION:

1RFBFX	American Funds 2070 Trgt Date Retire R6	1RRCTX	American Funds 2020 Trgt Date Retire R6
1RFDTX	American Funds 2025 Trgt Date Retire R6	1RFETX	American Funds 2030 Trgt Date Retire R6
1RFFTX	American Funds 2035 Trgt Date Retire R6	1RFGTX	American Funds 2040 Trgt Date Retire R6
1RFHTX	American Funds 2045 Trgt Date Retire R6	1RFITX	American Funds 2050 Trgt Date Retire R6
1RFKTX	American Funds 2055 Trgt Date Retire R6	1RFUTX	American Funds 2060 Trgt Date Retire R6
1RFVTX	American Funds 2065 Trgt Date Retire R6	1RNWX	American Funds New World R6
1HILUX	Hartford International Value R6	1MIECC2	MFS International Equity CIT CL 2
1VWILX	Vanguard International Growth Adm	1CSZIX	Cohen & Steers Real Estate Securities Z
1DVZRX	Macquarie Small Cap Value R6	1VSMAX	Vanguard Small Cap Index Adm
1WGROX	Wasatch Core Growth	1FSMDX	Fidelity Mid Cap Index
1MFMC2W	MFS Mid Cap Growth CIT Class 2w	1VEVRX	Victory Sycamore Established Value R6
1RMFGX	American Funds American Mutual R6	1DGYGX	BNY Mellon Appreciation Y
1VITSX	Vanguard Total Stock Market Idx Instl	1BRHYX	BlackRock High Yield Bond Portfolio K
1FXNAX	Fidelity US Bond Index	1MIPZX	MassMutual Inf-Prot and Inc I
1STYJX	Allspring Core Plus Bond R6	1SDBEMP	Empower SDB
1SDBEMR	Empower SDB Roth	1KGPX	Key Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year