Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE OGILVY GROUP, LLC

636 11TH AVENUE
NEW YORK, NY 10036-2010

2b Employer Identification Number (EIN) 13-2555496

2c Plan Sponsor's telephone number 212-237-4351

2d Business code (see instructions) 541800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	LOURDES ARCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3910
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1286
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	39
b	Retired or separated participants receiving benefits	**6b**	8
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	56
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	56
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE OGILVY GROUP, LLC

D Employer Identification Number (EIN)
13-2555496

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	303042793
b Actuarial value	**2b**	309328839

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	119	11414297	11414297
b For terminated vested participants	2519	140942297	140942297
c For active participants	1286	121580618	121580618
d Total	3924	273937212	273937212

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.45 %
6 Target normal cost	**6**	332500

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	10/14/2020
Signature of actuary	Date
JAMES T. GORDON III	20-06176
Type or print name of actuary	Most recent enrollment number
MERCER	212-345-7224
Firm name	Telephone number (including area code)
1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.85 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.62 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	112.91 %
15	Adjusted funding target attainment percentage	15	112.91 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	332500
b Excess assets, if applicable, but not greater than line 31a	**31b**	332500

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE OGILVY GROUP, LLC

D Employer Identification Number (EIN)
13-2555496

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

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

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

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

MERCER (US) INC.

13-2834414

(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?
11 17 50	NONE	925350	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
28 50 51	NONE	517547	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO

94-1347393

(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?
21 63 72	NONE	57360	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE OGILVY GROUP, LLC

D Employer Identification Number (EIN)
13-2555496

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

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVT BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3118548-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DUR CORP CREDIT SCR FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-4520291-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM GOVT BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3118547-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI IMI INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
33-6371938-001	C	0

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

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-6450621-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE OGILVY GROUP, LLC

D Employer Identification Number (EIN)
13-2555496

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	194555
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15443	6161
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10867142	7228158
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	292160029	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	179	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	303042793	7428874
	Liabilities			
g	Benefit claims payable	1g	0	7186707
h	Operating payables	1h	692	237292
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	692	7423999
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	303042101	4875

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	194555	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		194555
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	315791	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		315791
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	113402059	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	113402059	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		45597433
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		46107779
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	102212424	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	7135032	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		109347456
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	925350	
(2) Contract administrator fees	2i(2)	41124	
(3) Investment advisory and management fees	2i(3)	517547	
(4) Other	2i(4)	329035	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1813056
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		111160512
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-65052733
l Transfers of assets:			
(1) To this plan	2l(1)		3368293
(2) From this plan	2l(2)		241352786

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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: BENCIVENGA WARD & COMPANY, CPAS, PC **(2)** EIN: 13-3274930

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
OGILVY & MATHER DEFINED BENEFIT ACCOUNT BALANCE CONTINUATION PENSION PLAN	13-2555496	005

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... [X] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4260720. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
THE OGILVY GROUP, LLC

D Employer Identification Number (EIN)
13-2555496

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 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): 94-1347393

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 730

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 9.0 % Investment-Grade Debt: 91.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

Financial Statements
as of December 31, 2019 and 2018 and
For the Years ended December 31, 2019 and 2018
and Supplemental Schedules
Together with the
Independent Auditor's Report

OGILVY & MATHER
ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

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**All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.*

BWC&
BENCIVENGA WARD & COMPANY, CPA's, P.C.
A Registered Professional Services Firm

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Committee of the
Ogilvy & Mather Account Balance Defined Benefit Pension Plan:

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Ogilvy & Mather Account Balance Defined Benefit Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019 (in liquidation) and the related statement of changes in net assets available for benefits for the year then ended (in liquidation); the statement of net assets available for benefits as of December 31, 2018 (ongoing), the related statement of changes in net assets available for benefits for the year then ended (ongoing), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Wells Fargo, N.A, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Wells Fargo, N.A. holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustees as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

Emphasis of Matter
As discussed in Note 3 to the financial statements, the governing body of the Ogilvy & Mather Account Balance Defined Benefit Pension Plan approved a plan of liquidation on April 11, 2019, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the normal (ongoing) GAAP basis to the liquidation basis used in presenting the 2019 financial statements. Our opinion is not modified with respect to this matter.

Other Matter
The supplemental schedules of Form 5500, Schedule H, Part IV, line 4i – Schedule of Assets (Held at End of Year) - December 31, 2019 and Schedule H, Part IV, line 4j - Schedule of Reportable Transactions - Year Ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

Bencivenga Ward & Company, CPAs, P.C.

Bencivenga Ward & Company, CPA's, P.C.

Valhalla, New York
October 15, 2020

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OGILVY & MATHER
ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 (IN LIQUIDATION) AND 2018

	IN LIQUIDATION 2019	2018
ASSETS		
Investments at fair value	$ 7,228,158	$ 303,027,350
Receivables:		
Employer contribution	194,555	-
Accrued dividend and interest income	6,161	15,443
Total receivables	200,716	15,443
Total assets	7,428,874	303,042,793
LIABILITIES		
Benefits payable	7,186,707	-
Accrued expenses	237,292	692
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,875	$ 303,042,101

See accompanying notes to the financial statements.

OGILVY & MATHER
ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2019 (IN LIQUIDATION) AND 2018

	IN LIQUIDATION 2019	2018
ADDITIONS (SUBTRACTIONS):		
Net investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 45,597,433	$ (8,246,067)
Interest and dividend income	315,791	61,829
	45,913,224	(8,184,238)
Less investment expenses	517,547	526,322
Net investment income (loss)	45,395,677	(8,710,560)
Employer contributions	194,555	-
Total additions (subtractions)	45,590,232	(8,710,560)
DEDUCTIONS:		
Benefit payments	109,347,456	21,482,130
PBGC premium	312,800	302,660
Administrative expenses	982,709	40,047
Total deductions	110,642,965	21,824,837
Net asset transfers out	237,984,493	-
NET DECREASE	(303,037,226)	(30,535,397)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	303,042,101	333,577,498
End of year	$ 4,875	$ 303,042,101

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the Ogilvy & Mather Account Balance Defined Benefit Pension Plan (the "Plan") is provided for general information only. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit plan sponsored by Ogilvy Group, LLC ("the Company"), a wholly owned subsidiary of WPP Group plc ("WPP"). The Plan provides retirement and death benefits for all participating employees of the Ogilvy Group, LLC and the following affiliates: A. Eicoff and Company, BEN Marketing Group LLC, SoHo Square Inc., Leopard Communications, Inc., Ogilvy Public Relations Worldwide, Inc., MAXX Marketing Inc., and SoHo Square Public Relations, Inc., (the "Companies"). Effective December 31, 2016, the Plan was frozen for service and benefit accruals and balances under the Plan will only accrue interest on a monthly basis. The Plan was amended and restated, effective January 1, 2017, to incorporate amendments adopted since the prior restatement and to comply with the Internal Revenue Service ("IRS") final regulations on partial lump sum payments.

On April 26, 2019 participants were given notice of the standard termination of the Plan, as discussed in Note 3. The Plan was further amended April 30, 2019 to establish a new plan (the "Spin off" or "Continuation") Plan effective June 1, 2019, the Ogilvy & Mather Account Balance Defined Benefit Continuation Pension Plan established by the Company with the same terms and conditions as the Plan.

The Plan is administered by the Company's Retirement Plan Committee (the "Committee") that is appointed by the Board of Managers of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors. Wells Fargo Bank, N.A. serves as the trustee for the Plan. Mercer Human Resource Consulting ('Mercer") is the actuary and record keeper for the Plan.

Participant Accounts

Participants' hypothetical accounts receive interest credits at the end of every month.

Eligibility and Vesting

All employees of the Companies are eligible to participate following the completion of 12 consecutive months of service in which 1,000 hours of service is credited; however, employees who are hired or rehired after July 1, 2014, are not eligible to participate in the Plan.

Participants are fully vested after attaining three or five years of service for certain individuals. Participants are credited with vesting service for service provided to any employer of the WPP controlled group.

1. DESCRIPTION OF THE PLAN – (continued)

Funding Policy
The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. No Company contributions were required for the 2019 or the 2018 Plan year. During 2019, the Company recorded contributions receivable of $194,555 for the 2019 Plan year to fund the purchase of annuities for newly vested employees due to Plan termination. These amounts were paid to the Plan in 2020.

Pension Benefits
Benefits are determined based on the participant's hypothetical account balance. For Plan purposes, retirement is as follows:

Early Retirement
Early retirement can begin on or after age 55, if vested, or if the participant has 20 years of service at termination through September 30, 2015. Effective October 1, 2015, those participants who wish to retire and who do not meet the early retirement requirements, can elect a lump sum distribution of their benefit at termination of employment.

Normal Retirement
Normal retirement can begin on or after age 62 if the participant has at least three years of service with the Companies or upon attaining age 65, whichever is earlier. Participants with balances less than $5,000 receive single lump-sum payments. Automatic benefits for unmarried participants are a single life annuity and a qualified joint & survivor annuity for married participants. For participants with balances in excess of $5,000, the Plan offers a choice of seven different payment options: a lump sum distribution, a life annuity, a 50% joint/survivor annuity, a 75% joint/survivor annuity, a 100% joint/survivor annuity, installment payments over a period of one or more years not to exceed 10 years, or a life annuity with 10 years guaranteed. The Plan also provides for benefits to the beneficiaries of deceased participants as well as to permanently disabled participants.

Late Retirement
Late retirement begins after age 65. Participants who work past Normal Retirement continue to earn benefits under the Plan.

Effective October 1, 2015, age and service requirements for benefit commencement have been removed, and all participants can now elect to receive their benefits at any time after termination of employment.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). As discussed in Note 3, the Plan adopted the liquidation basis of accounting due to the Plan termination.

Use of Estimates
The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated Plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a 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.

Payment of Benefits
Benefit payments to participants are recorded upon distribution

Administrative Expenses
The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation/depreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits. All administrative expenses except legal, accounting and consulting fees, are paid by the Plan. Brokerage fees are included in the cost of investments when purchased and deducted from the proceeds when investments are sold.

Subsequent Events
The Plan's management evaluated subsequent events through October 15, 2020, the date the financial statements were available to be issued.

In March 2020, the World Health Organization categorized Coronavirus Disease 2019 ("COVID-19") as a pandemic. The COVID-19 pandemic has resulted in economic uncertainty and extreme volatility in financial markets and, may continue to affect the value of Plan assets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

3. PLAN TERMINATION AND LIQUIDATION BASIS OF ACCOUNTING

The Board of Managers of the Ogilvy Group, LLC amended the Plan on April 30, 2019 to establish a standard termination of the Plan effective July 1, 2019. As a result of this termination, participants became fully vested in their respective benefit. As part of this termination process, participants were offered the opportunity to receive either an immediate lump sum distribution of their benefit, an immediate annuity as defined in the Plan or, the opportunity to transfer their benefit to another qualified plan including a plan sponsored by WPP, or to an IRA.

As previously discussed, management has determined that liquidation is imminent. Accordingly, FASB Accounting Standards Codification Update 2013-07 *Presentation of Financial Statements* (Topic 205) *Liquidation Basis of Accounting*, requires the Plan to use a liquidation basis of accounting for the 2019 plan year. In accordance with this standard termination, management has recorded certain amounts representing contributions received by the Plan during 2020 as contributions receivable at December 31, 2019. In addition, certain expenses incurred and paid during 2020 have been recorded as accrued expenses or benefits payable on the statement of net assets available for benefits at December 31, 2019. These income and expense transactions represent all significant activity required to be recorded under the liquidation basis standard of ASC 205 – 13. All assets of the Plan are recorded at fair value.

As part of the April 30, 2019 Plan amendment the Company established a new Plan effective June 1, 2019, the Continuation Plan which spun off a portion of the assets and liabilities of the Plan and was established by the Company with the same terms and conditions as the Plan. Certain participant account balances totaling approximately $238 million were transferred to the Continuation Plan. In addition, those participants of the Plan who did not respond to receive any of the options above were then transferred with their fully vested benefit to the Continuation Plan.

Management expects liquidation to be completed by the end of 2020. All required forms and notices for a standard termination were timely filed with the Pension Benefit Guaranty Corporation ("PBGC").

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on the employees' compensation during each year of credited service. The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated Plan benefits is determined by an independent actuary from Mercer, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2019 and 2018 (the "Valuation Dates") were: (a) The mortality assumption was updated to the PRI-2012 white collar tables for males and females, with separate tables for current widows/widowers, and the MP-2019 generational projection scale for 2019, life expectancy of participants based on the white collar RP-2014 mortality tables with improvements beyond 2006 removed and with generational mortality improvement based on projection scale MP-2018 for 2018; and, (b) retirement age assumptions (varying retirement rates based on graduated scale of retirement ages from age 55 to age 70 and above). Retirement rates range from 12.5% to 40% through age 69, then 100% thereafter; and (c) investment return for the years 2019 and 2018 were 4.00% and 4.10%, respectively. The interest accumulation rate was updated as follows: For the "frozen account balance", 4.50%; and for the "alternate account balance", 3.90%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Due to the amendment to terminate the Plan and the establishment of the Continuation Plan, Mercer prepared a report of the present value of accumulated Plan benefits for the Plan and Continuation Plan for the 2019 plan year. These amounts are presented in the following table. The computation of the actuarial present value of accumulated Plan benefits was made as of January 1, 2019 and 2018 (the "valuation dates"). Had the valuations been performed as of December 31, there would be no material differences.

5. ACCUMULATED PLAN BENEFITS AND CHANGES IN ACCUMULATED PLAN BENEFITS

Mercer, the actuary for the Plan, determined the actuarial present value of accumulated plan benefits.

The actuarially determined present value of accumulated Plan benefits as of January 1, 2019 and 2018 (the "Valuation Dates"), are as follows:

	2019	2018
Vested benefits:		
Active participants	$ 131,867,805	$ 149,876,536
Inactive participants with deferred benefits	166,764,349	156,721,234
Inactive participants receiving benefits	12,940,069	12,403,364
Total vested benefits	311,572,223	319,001,134
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	$ 311,572,223	$ 319,001,134

The changes in the actuarial present value of the Plan's accumulated Plan benefits for the valuation year ended January 1, 2019 are as follows:

	For the Year Ended January 1, 2019
Actuarial present value of accumulated plan benefits, as of January 1, 2018 benefit information date	$ 319,001,134
Increase (decrease) during the year attributable to:	
Benefits accumulated and (gains) losses	(104,449)
Increase for interest due to the decrease in the discount period	12,601,964
Benefits paid	(21,482,129)
Change in actuarial assumptions	1,555,703
Net decrease	(7,428,911)
Actuarial present value of accumulated plan benefits, as of January 1, 2019 benefit information date	$ 311,572,223

6. 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 consist of unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access; Level 2 inputs 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, or other inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Level 3 inputs 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 observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Fund
The mutual fund is valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value ("NAV") and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Common Collective Funds
The five BlackRock common collective trusts that make up the Ogilvy & Mather BlackRock Portfolio in 2018, invested primarily in other BlackRock common collective trusts or in U.S. Fixed Income Series instruments. These trusts are valued at the NAV as provided by the trustee, which is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the issuer reserves the right to temporarily delay withdrawal from the trusts in order to ensure that securities liquidations will be carried out in an orderly manner.

6. FAIR VALUE MEASUREMENTS – (continued)

The five collective trusts included in the fair value table below, file a U.S. Department of Labor Form 5500, Annual Return/Report of Employee Benefit Plan, as a direct filing entity. Accordingly, certain disclosure requirements under ASU 2015-12 with respect to investment strategies for investments measured using the NAV practical expedient are not required in this report.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018.

	Investments at Fair Value as of December 31,			
	2019		2018	
	Level 1	Total	Level 1	Total
Mutual fund	$ 7,228,158	$7,228,158	$10,867,321	$ 10,867,321
Total investments in the fair value hierarchy	7,228,158	7,228,158	10,867,321	10,867,321
Investments in common collective trusts measured at NAV	-	-	-	292,160,029
Investments at fair value	$ 7,228,158	$7,228,158	$10,867,321	$ 303,027,350

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAVs per share as of December 31, 2018.

As of December 31, 2018

Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Elibigle)	Redemption Notice Period
$ 292,160,029	N/A	Daily	2 Days

7. RELATED-PARTY TRANSACTIONS

The Plan invests in shares of a money market fund that is managed by an affiliate of Wells Fargo Bank, N.A., and certain Plan investments are managed by BlackRock Institutional Trust Company, N.A. ("BlackRock"). These transactions qualify as permitted party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA. Investment fees of $517,547 and $526,322, were paid to BlackRock during 2019 and 2018, respectively.

8. TAX STATUS

The Plan obtained its latest determination letter on November 17, 2017, in which the Internal Revenue Service ("IRS") states that the Plan, as then designed, was in compliance with the applicable requirements of the Code.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. On June 18, 2020, the IRS concluded an examination of the 2015 - 2017 Plan years and accepted the respective tax returns as filed.

9. UNAUDITED INFORMATION CERTIFIED BY THE TRUSTEE

The December 31, 2019 and 2018 Statements of Net Assets Available for Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2019 and 2018, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of $7,228,158 and $303,027,350 at December 31, 2019 and 2018, respectively, and related net investment income (loss) of $45,395,677 and $(8,710,560) for the years ended December 31, 2019 and 2018, respectively.

10. 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 the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

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SUPPLEMENTAL SCHEDULES

OGILVY & MATHER
ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

Form 5500, Schedule H, Part IV, line 4i –
Schedule of Assets (Held at End of Year)
December 31, 2019

(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
*	Wells Fargo Government Money Market Fund	Mutual Fund	$ 7,228,158	$ 7,228,158
	TOTAL ASSETS (HELD AT END OF YEAR)		$ 7,228,158	$ 7,228,158

* Party-in-interest

See accompanying Independent Auditor's Report.

Form 5500, Schedule H, Part IV, line 4j – Schedule of Reportable Transactions Year Ended December 31, 2019

	(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Ogilvy & Mather BlackRock Portfolio	Common Collective Trusts	$ -	$ 337,757,460	$ -	$ 232,142,071	$ 337,757,460	$105,615,389
*	Wells Fargo Government MM Fund	Mutual Fund	109,763,077	-	-	109,763,077	109,763,077	-
*	Wells Fargo Government MM Fund	Mutual Fund	-	113,402,061	-	113,402,061	113,402,061	-

* Transactions or a series of transactions in excess of 5% of the current value of the Plan's assets as of the beginning of the plan year as defined in section 2420-103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

See accompanying Independent Auditor's Report.

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Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service									
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up
Under 25										
25–29		26	9							
		11,699								
30–34		28	97	6						
		16,245	25,705							
35–39		18	97	60	6					
			40,310	61,284						
40–44		9	76	74	56	8				
			50,463	78,376	66,861					
45–49		12	70	79	60	27	1			
			64,933	135,358	128,006	151,742				
50–54		10	40	49	53	29	13	11		
			65,942	124,090	151,450	173,741				
55–59		2	21	24	38	16	11	13	2	
			67,239	114,484	191,876					
60–64		1	19	16	16	14	7	19	2	1
65–69			5	6	6	6	3	4		1
70 & up		1	2	2	2		1	1		

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average account balance. Average account balance is not shown for cells with fewer than 20 participants. Please note that the plan is frozen.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ACTUARIAL ASSUMPTIONS

Economic assumptions		
Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
•	**Stabilized**	**Nonstabilized**
• First 5 years	3.74%	2.28%
• Next 15 years	5.35%	3.81%
• Over 20 years	6.11%	4.46%
417(e) lump sums	For legacy OPR final average pay benefits, liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and prescribed unisex mortality.	
Cash balance plans		
• Interest accumulation rate	4.50% for the "Frozen Account Balance;" and 3.90% for the "Alternate Account Balance"	
• Whipsaw calculations	No	
• Annuity conversion	Not applicable	
Other economic assumptions		
• Social Security taxable wage base increases	N/A	
• Inflation	N/A	
• Expected investment return	4.86% per year for 2017, 4.10% per year for 2018 and 4.00% per year for 2019	
• Expenses	$350,000 added to current year normal cost ($332,500 to the Ogilvy & Mather Account Balance Defined Benefit Pension Plan; $17,500 to the Ogilvy & Mather Account Balance Defined Benefit Continuation Pension Plan)	

Rationale for Economic Assumptions

- **Cash balance interest accumulation rate** – The plan's interest crediting rate is the greater of the yield on one-year Treasury bonds, or either 3% (Alternate Account Balance) or 4% (Frozen Account Balance) as described within the plan provisions. We have reviewed the average yield on the one-year Treasury bonds over the typical accumulation period based on Mercer Investment Consulting's Capital Market Outlook. We have made allowance for the likelihood that the one-year Treasury Bond will exceed the aforementioned interest crediting rate floors in some years, with that likelihood increasing after a specified number of years.

- **Expected investment return**– The expected rate of return on plan assets is based on a weighted average blend of the hypothetical performance of the plan's target asset mix, which includes equity, debt, and cash. Mercer's Portfolio Return Calculator was used to justify estimated return rates specific to each asset class.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- **Expenses**– Administrative expenses are assumed to be the same as the prior year actual expenses adjusted for the expected change in PBGC premiums. For this purpose, expected expenses are rounded up to the next $5,000.

Demographic assumptions

Mortality Sponsor Elections

Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables, adjusted to remove post-2006 improvement projections, projected with mortality improvement based on projection scale MP-2017.

Withdrawal

See table of sample rates.

Disability incidence

None

Retirement age

Attained age	Percentage
Under 55	0%
55	12.5%
56	12.5%
57	12.5%
58	12.5%
59	12.5%
60	12.5%
61	12.5%
62	15.0%
63	12.5%
64	12.5%
65	20.0%
66	20.0%
67	20.0%
68	30.0%
69	40.0%
70 and above	100.0%

Benefit commencement age for

— Future vested deferred

- 75% commence immediately

- Remaining 25% commence at age 62

— Current vested deferred

First year vested deferred participants:

- 15% commence immediately
- Remaining 85% commence at age 62

Remaining terminations (vested deferred status for more than one year):

-100% commence at age 62

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Spouse assumptions	**Male participants**	**Female participants**
— Percentage married	100%	100%
— Spouse age difference	3 years younger	3 years older
Form of payment	100% of the participants are assumed to take a lump sum distribution	
Unpredictable contingent event assumptions	Not applicable	

Table of sample rates – Withdrawal Percentages

	Attained Age							
Service	**20**	**25**	**30**	**35**	**40**	**45**	**50**	**54**
Year 0	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%
Year 1	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	39.7%	37.2%
Year 2	40.0%	40.0%	40.0%	40.0%	39.7%	36.6%	33.5%	32.2%
Year 3	40.0%	40.0%	40.0%	36.6%	33.5%	30.4%	28.5%	27.3%
Year 4	40.0%	40.0%	34.1%	30.4%	27.3%	25.1%	23.6%	22.3%
Year 5	40.0%	40.0%	31.0%	27.3%	24.8%	23.3%	21.7%	20.5%
Year 6	40.0%	37.5%	27.9%	24.5%	22.9%	21.4%	19.8%	18.6%
Year 7	40.0%	35.0%	25.4%	22.0%	20.5%	18.9%	17.4%	16.1%
Year 8	40.0%	32.9%	23.3%	19.8%	18.3%	16.7%	15.2%	14.0%
Year 9	40.0%	31.0%	21.4%	18.0%	16.4%	14.9%	13.3%	12.1%
Year 10+	38.8%	27.9%	18.3%	14.9%	13.3%	11.8%	10.2%	9.0%

Rationale for Demographic Assumptions

- **Withdrawal** – This assumption is based on an experience study covering the period from January 1, 2011, to December 31, 2015, and the expectation that future withdrawal patterns and circumstances of the employer will not differ significantly from the period studied.

- **Retirement age** – This assumption is based on an experience study covering the period from January 1, 2011, to December 31, 2015, and the expectation that future retirement patterns and circumstances of the employer will not differ significantly from the period studied.

- **Benefit commencement age** – This assumption is based on an experience study covering the period from January 1, 2011, to December 31, 2015. In order to incorporate the 2015 amendment that allowed commencement at any age, we relied on Mercer's experience with similar plans and the Ogilvy deferred vested cashout behavior, plus an annual review of relevant recent plan experience.

- **Form of payment** – 100% of participants are assumed to elect a lump sum of their cash balance account, based on experience that shows very few participants elect the actuarially equivalent annuity options.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ACTUARIAL METHODS

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

The market value is the amount reported in the year-end trustee statement plus discounted receivable contributions.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor and Morneau Shepell (formerly Mercer Outsourcing) provide us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. Vested participants who terminated prior to the valuation date are treated as terminated participants.

- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Form 5500, Schedule H, Part IV, line 4j – Schedule of Reportable Transactions Year Ended December 31, 2019

	(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
*	Ogilvy & Mather BlackRock Portfolio	Common Collective Trusts	$ -	$ 337,757,460	$ -	$ 232,142,071	$ 337,757,460	$105,615,389
*	Wells Fargo Government MM Fund	Mutual Fund	109,763,077	-	-	109,763,077	109,763,077	-
*	Wells Fargo Government MM Fund	Mutual Fund	-	113,402,061	-	113,402,061	113,402,061	-

* Transactions or a series of transactions in excess of 5% of the current value of the Plan's assets as of the beginning of the plan year as defined in section 2420-103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

See accompanying Independent Auditor's Report.

*****

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE OGILVY GROUP, LLC

D Employer Identification Number (EIN)
13-2555496

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	303,042,793
b Actuarial value	**2b**	309,328,839

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	119	11,414,297	11,414,297
b For terminated vested participants	2,519	140,942,297	140,942,297
c For active participants	1,286	121,580,618	121,580,618
d Total	3,924	273,937,212	273,937,212

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.45%
6 Target normal cost	**6**	332,500

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

JTG
Signature of actuary

10/14/2020
Date

JAMES T. GORDON III
Type or print name of actuary

2006176
Most recent enrollment number

MERCER
Firm name

212-345-7224
Telephone number (including area code)

1166 AVENUE OF THE AMERICAS
NEW YORK NY 10036
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.85%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.62%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	112.91%
15	Adjusted funding target attainment percentage	15	112.91%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.21%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	332,500
b Excess assets, if applicable, but not greater than line 31a	**31b**	332,500

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	12.5%	10,000	1,250	68,750
56	12.5%	8,750	1,094	61,250
57	12.5%	7,656	957	54,551
58	12.5%	6,699	837	48,569
59	12.5%	5,862	733	43,231
60	12.5%	5,129	641	38,468
61	12.5%	4,488	561	34,221
62	15.0%	3,927	589	36,521
63	12.5%	3,338	417	26,286
64	12.5%	2,921	365	23,365
65	20.0%	2,556	511	33,223
66	20.0%	2,044	409	26,987
67	20.0%	1,636	327	21,917
68	30.0%	1,308	393	26,693
69	40.0%	916	366	25,280
70	100.0%	550	550	38,469
Total			10,000	607,779
Average				61

Schedule SB — Statement by Enrolled Actuary

Effective June 1, 2019, a portion of the assets and liabilities of the Ogilvy & Mather Account Balance Defined Benefit Pension Plan (EIN/PN: 13-2555496/003) were spun off into a new plan, the Ogilvy & Mather Account Balance Defined Benefit Continuation Pension Plan (EIN/PN: 13-2555496/005).

Prior to the spinoff, the Ogilvy & Mather Account Balance Defined Benefit Pension Plan was overfunded as of the January 1, 2019 valuation date. The plan's Excess Assets ($35,391,627) far exceed the Target Normal Cost ($350,000), so there was no Minimum Required Contribution. As a result, there was no required contribution to allocate to the two plans post-spinoff. Additionally, the plan had no carryover or prefunding balances prior to the spinoff.

For the purposes of determining the Target Normal Cost and Minimum Required Contribution for the post-spinoff period, we allocated the January 1, 2019 Funding Target to each post-spinoff plan based on the January 1, 2019 individual Funding Targets for the participants in each plan. The asset values as of January 1, 2019, were allocated to each plan in proportion to the actual asset allocation as of the spinoff date of June 1, 2019. The plans are frozen and have no Target Normal Cost related to benefit accruals. The expected PBGC Premium included in the Target Normal Cost, along with the portion of expenses expected to be paid prior to the spinoff date, were allocated entirely to the Ogilvy & Mather Account Balance Defined Benefit Pension Plan. The remaining expected expenses included in the Target Normal Cost were allocated equally between the Ogilvy & Mather Account Balance Defined Benefit Pension Plan and the Ogilvy & Mather Account Balance Defined Benefit Continuation Pension Plan. After this allocation, each plan post-spinoff has no Minimum Required Contribution, as the Excess Assets for each plan are greater than the Target Normal Cost for each plan.

For the purposes of the 2019 Schedules SB to Forms 5500, note that the counts, liabilities, and assets shown for the Ogilvy & Mather Account Balance Defined Benefit Pension Plan (EIN/PN: 13-2555496/003) are the pre-spinoff amounts as of January 1, 2019. The counts, liabilities, and assets shown for the Ogilvy & Mather Account Balance Defined Benefit Continuation Pension Plan (EIN/PN: 13-2555496/005) are the amounts allocated as of January 1, 2019 per the methodology above. The Target Normal Cost and Minimum Required Contribution shown for each plan also reflect the methodology above.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: January 1, 1989 Restated plan: January 1, 2017 Plan year: Calendar year
Status of the plan	During 2015, the plan was amended to freeze all accruals as of December 31, 2016. Employees who were hired or rehired on or after July 1, 2014, were not eligible for additional accruals. As of December 31, 2010, the Ogilvy Public Relations Worldwide Cash Balance Pension Plan ("OPR") merged into the Ogilvy & Mather Account Balance Defined Benefit Pension Plan (the "Plan"). Benefits accrued through December 31, 2010 for legacy OPR participants will be protected and administered in accordance with most of the OPR plan provisions (please see "Legacy OPR Plan Provisions" following this section for more detailed information). Starting on January 1, 2011, legacy OPR participants began accruing benefits under the Plan's formula, with the exception of OPR grandfathered participants.
Significant events that occurred during the year	As of June 1, 2019, Ogilvy & Mather spun off a portion of the assets and liabilities of the Ogilvy & Mather Account Balance Defined Benefit Pension Plan (the "Plan") into a new plan, the Ogilvy & Mather Account Balance Defined Benefit Continuation Pension Plan (the "Continuation Plan"). The effective date of the Continuation Plan is June 1, 2019. The Plan was subsequently terminated effective July 1, 2019.
Definitions	
• Eligibility	All employees of participating employers are eligible to participate following the completion of 12 consecutive months of service in which 1,000 hours of service is credited; however, employees who are hired or rehired after July 1, 2014, are not eligible to participate in the plan.
• Vesting	Participants shall become vested upon satisfying one of the following conditions: 1) Participants who were members of the Profit Sharing Retirement Plan as of December 31, 1988 are 100% vested on January 1, 1989. 2) Participants hired from January 1, 1986, through December 31, 1988 are 100% vested on the December 31 coincident with or following three years of service. 3) Participants hired on or after January 1, 1989 are 100% vested immediately after attaining five years of service. 4) Beginning on January 1, 2008, participants are 100% vested immediately after attaining three years of service. Participants are credited with vesting service for service provided to any employer of the WPP controlled group.
• Pensionable earnings	A Participant's base pay, excluding overtime, bonuses, deferred compensation, severance pay and any other similar earnings. Eligible Compensation includes all 401(k) salary reduction contributions under the Company's 401(k) Plan. Eligible Compensation is limited to $230,000 effective January 1, 2009. The compensation of a Participant who is absent because of military leave will be based on the Participant's rate of pay when the leave began or, if the

Schedule SB, Part V — Summary of Plan Provisions

Participant was not receiving a determinable rate of pay when the leave began, the average of the Participant's pay during the shorter of 12 months before his military leave began or his Period of Service. Compensation will be credited under this paragraph only while the Participant's reemployment rights are protected by law.

Effective December 31, 2016, the plan was amended to freeze all future accruals and thus pensionable earnings are no longer applicable after this date.

- Interest Credits

Through the 1995 plan year, the rate of interest credited to a given plan year's accrual was given by the set of deferred PBGC interest factors in effect for the month ending prior to the plan year. These rates are shown in the table below:

Plan Year	Applicable Interest Credit Rate	
1989	7.00%	1990-1996
	5.75%	1997-2004
	4.00%	2005 and beyond
1990	6.50%	1991-1997
	5.25%	1998-2005
	4.00%	2006 and beyond
1991	6.75%	1992-1998
	5.50%	1999-2006
	4.00%	2007 and beyond
1992	6.00%	1993-1999
	4.75%	2000-2007
	4.00%	2008 and beyond
1993	5.25%	1994-2000
	4.00%	2001 and beyond
1994	4.00%	All Plan Years
1995	5.50%	1996-2002
	4.25%	2003-2010
	4.00%	2011 and beyond

Effective January 1, 1996, all future benefit accruals are credited with an amount equivalent to an annual interest rate equal to the greater of (i) 4% (interest crediting rate floor, or "ICR floor"), or (ii) the annual rate of interest on one-year Treasury constant maturities for the November preceding the plan year.

Effective January 1, 2014, all future benefit accruals are credited with an amount equivalent to an annual interest rate equal to the greater of (i) 3% (ICR floor) or (ii) the annual rate of interest on one-year Treasury constant maturities for the November preceding the plan year. The ICR floor was lowered from 4% to 3% by implementing a wear-away formula effective January 1, 2014. Note that the participant account balance under this amendment would be computed as the greater of (1) the account balance as of December 31, 2013, plus interest credits using the 4% ICR floor ("Frozen Account Balance"), and (2) the account balance as of December 31, 2013, plus compensation credits and interest credits using the 3% ICR

Schedule SB, Part V — Summary of Plan Provisions

	floor (“Alternate Account Balance”). For plan years ending prior to January 1, 1997, interest credits determined above shall be credited annually as of the last day of the plan year to which the applicable interest credit relates. For plan years beginning on or after January 1, 1997, interest credits determined above shall be credited as of the last day of the calendar month to which the applicable interest credit relates. For purposes of crediting interest monthly, each applicable annual rate of interest shall be converted into a corresponding monthly rate which, when compounded monthly, will yield the same amount of interest for the year.
• Compensation Credits	An account is established for each Participant at the end of the plan year in which the Participant first becomes eligible. For each plan year ending prior to January 1, 1997, a Participant’s Account Balance shall be credited as of the last day of such plan year with a compensation credit equal to 10% of his compensation for that plan year. Effective for plan years beginning on and after January 1, 1997, a Participant’s Account shall be credited at the end of each calendar month with a Compensation Credit equal to 10% of his Compensation for that month. Effective January 1, 2007, a participant in the former “141” group shall be credited at the end of each calendar month with a Compensation Credit equal to 10% of his Compensation for that month. Prior to January 1, 2007, a participant in the former “141” group was credited at the end of each calendar month with a Compensation Credit equal to 5% of his Compensation for that month (3% Compensation Credit before 2006). Effective January 1, 2008, a participant in the former BEN marketing group shall be credited at the end of each calendar month with a Compensation Credit equal to 10% of his Compensation for that month. Prior to January 1, 2008, a participant in the former BEN marketing group was credited at the end of each calendar month with a Compensation Credit equal to 3% of his Compensation for that month. Effective January 1, 2008, a participant in the Leopard group shall be credited at the end of each calendar month with a Compensation Credit equal to 5% of his Compensation for that month, plus Interest Credits for each month. Effective January 1, 2014, a participant in the Leopard group shall be credited at the end of each calendar month with a Compensation Credit equal to 6% of his Compensation for that month, plus Interest Credits for each month. Effective December 31, 2016, no additional Compensation Credits shall be credited.
Normal retirement	
• Eligibility	Age 65 or age 62 and vested.
• Benefit	The monthly retirement benefit payable to a Participant at any retirement

Schedule SB, Part V — Summary of Plan Provisions

	date is equal to the actuarial equivalent of his account balance as of his benefit commencement date.
Early retirement	
• Eligibility	Age 55 and vested or 20 years of vesting service.
• Benefit	The monthly retirement benefit payable to a Participant at any retirement date is equal to the actuarial equivalent of his account balance as of his benefit commencement date.
Late retirement	
• Eligibility	After age 65
• Benefit	Participants who work past Normal Retirement continue to earn benefits under the plan.
Deferred vested	
• Eligibility	Vested
• Benefit	Upon termination of employment, a vested Participant may elect to receive a benefit which is the actuarial equivalent of his account balance, or the participant may elect to defer receipt of the benefit.
Disability	
• Eligibility	A Participant is fully vested upon permanent disability.
• Benefit	Upon permanent disability, a Participant may elect to receive a benefit which is the actuarial equivalent of his account balance.
Pre-retirement death	
• Eligibility	A Participant's account becomes fully vested upon death.
• Benefit prior to early retirement	A beneficiary may elect within one year of the Participant's death to receive an immediate benefit which is the actuarial equivalent of the Participant's account balance or the beneficiary may elect to defer receipt of the benefit.
Unpredictable contingent event benefits	None
Form of benefits	
• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	Qualified joint & survivor annuity
• Optional forms	a) Lump sum distribution b) Life annuity c) 50% joint and survivor annuity d) 75% joint and survivor annuity e) 100% joint and survivor annuity f) An annuity for a certain number of years (not to exceed 10) g) Life annuity with 10 years guaranteed
• Actuarial equivalence	Annual rate of interest: The applicable interest rates prescribed under Section 417(e)(3) of the Code by the Commissioner of the Internal Revenue Service for the November of the year prior to commencement. Mortality: The applicable mortality table prescribed under Section 417(e)(3) of the Code by the Commissioner of the Internal Revenue Service.

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually; however, the limit was frozen at $230,000 effective January 1, 2009. Effective December 31, 2016, the plan was amended to freeze all future accruals and thus the maximum compensation limit will no longer be applicable after this date.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415.

Schedule SB, Part V — Summary of Plan Provisions

LEGACY OPR PLAN PROVISIONS THROUGH DECEMBER 31, 2010

Definitions	
• Eligibility for Membership	All Employees are eligible to participate in the plan commencing on the January 1 or the July 1 following the completion of either six consecutive months of full-time employment or one Year of Service. A Year of Service is the first twelve months of employment or any subsequent plan year during which an Employee is paid for 1,000 or more hours.
• Compensation	Regular salary or wages including bonus, overtime and commissions but excluding moving and relocation expenses, imputed income from group life insurance and executive long term disability benefits, payments related to the exercise of stock options, and other irregular or non-recurring forms of compensation. In no event will compensation be used in excess of the compensation limit defined by Section 401(a)(17) of the Internal Revenue Code. Effective December 31, 2016, the plan was amended to freeze all future accruals and thus compensation is no longer applicable after this date.
• Five Year Average Compensation	Compensation averaged over the five consecutive Years of Vesting Service which produce the highest average.
Normal Retirement	
• Eligibility	Later of the attainment of age 65 or the fifth anniversary of the date of participation.
• Retirement Benefit	Calculated under (A), (B) or (C), whichever is applicable: (A) For a Participant who is credited with one Hour of Service on or after January 1, 2002 and who is an active Employee of the Company and who has 5 or more Years of Vesting Service on January 1, 2002, an amount equal to the sum of the Participant's Retirement Account Balance and his Prior Plan Accrued Benefit but not less than his Grandfathered Accrued Benefit. (B) For a Participant who is credited with one Hour of Service on or after January 1, 2002 and who is an active Employee of the Company and who has less than 5 Years of Vesting Service on January 1, 2002, an amount equal to the sum of the Participant's Retirement Account Balance and his Prior Plan Accrued Benefit. (C) For a Participant who was not credited with one Hour of Service on or after January 1, 2002, an amount equal to his Prior Plan Accrued Benefit.
• Retirement Account Balance	The sum of the Pay Credits and Interest Credits allocated to the Participant's Retirement Account, as follows: Pay Credit: An annual allocation of 4% of Compensation will be credited to the Participant’s Retirement Account as of the last day of each Plan Year beginning on or after January 1, 2002. Interest Credits:

Schedule SB, Part V — Summary of Plan Provisions

	As of the last day of each Plan Year beginning on or after January 1, 2002, an annual Interest Credit will be paid equal to the lesser of i) 8% and ii) the average rate for ten-year U.S. Treasury bills for the month of November of the previous plan year. Interest Credits are earned until the account is distributed. The benefit payable will be the annuity equivalent of the Retirement Account Balance at date of determination based on mortality as designated by IRC Section 417(e) and PPA segment interest rates for lump sums for the month of November of the previous Plan Year.
• Grandfathered Accrued Benefit	For participants that had 5 years of service as of January 1, 2002; an annual amount equal to the greater of the Regular Benefit and the Minimum Benefit, as determined below: Regular Benefit: [(2% of Five Year Average Compensation) - (0.65% Social Security Covered Compensation)] x [Years of Benefit Service (up to a maximum of 25)] Minimum Benefit (for employees hired before 1/1/1997): The greater of (A) or (B) below: (A) [3% of Five Year Average Compensation] x [Years of Benefit Service (up to 10) completed before 1/1/1997] (B) [(2.5% of Five Year Average Compensation) - (.65% Social Security Covered Compensation)] x [Years of Benefit Service (up to a maximum of 20)]
• Prior Plan Accrued Benefit	An annual amount calculated in the manner of the Grandfathered Accrued Benefit as if the Participant had terminated employment on December 31, 2001 or, if earlier, on the date his employment actually terminated.
PENSION BENEFITS AT EARLY RETIREMENT	
• Eligibility	The third anniversary of the date of participation.
• Retirement Benefit	The same as the benefits payable for Normal Retirement, with the Grandfathered Accrued Benefit and the Prior Plan Accrued Benefit reduced for commencement of benefits prior to the Participant's Normal Retirement Date. Both benefits shall be reduced 5/9% for each of the first 60 months that the Participant's Early Retirement Date precedes his or her Normal Retirement Date and 5/18% for the next 120 months that the Participant's Early Retirement Date precedes his or her Normal Retirement Date, and thereafter on the basis of mortality determined in accordance with the UP-1984 Table and 8% interest.
• Disability Benefit	Upon the termination of a Participant's employment as the result of a physical or mental disability, the participant shall have a 100% nonforfeitable right to his Retirement Account Balance and shall be entitled to the actuarial equivalent of the Prior Plan Accrued Benefit.

Schedule SB, Part V — Summary of Plan Provisions

VESTED BENEFIT	
• Eligibility	All Participants who terminate after completing three Years of Vesting Service.
• Benefit	Same as for Early Retirement.
PRE-RETIREMENT DEATH BENEFIT	
• Eligibility	All Participants who die after completing three Years of Vesting Service.
• Benefit	Married Participants If the Participant was credited with an Hour of Service on or after January 1, 2002, the surviving spouse shall receive an annuity for life equal to the greater of (A) and (B) below, where: (A) is the sum of i) the Prior Plan Accrued Benefit calculated as of the day prior to the death of the participant in the form of a 50% joint and survivor annuity; and ii) an annuity payable for the life of the spouse that is the actuarial equivalent of the participant's Retirement Account Balance; and (B) is the amount which would have been payable to the spouse had the participant terminated employment on the day prior to death and had commenced receiving his Grandfathered Accrued Benefit in the form of a 50% joint and survivor annuity. If the Participant was not credited with an Hour of Service on or after January 1, 2002, his spouse shall receive an amount equal to that which would have been payable had the participant terminated employment on the day prior to death, survived to age 50 (or age at death, if later), and commenced receiving the Grandfathered Accrued Benefit in the form of a 50% joint and survivor annuity. Unmarried Participants If the Participant was not married at death, the designated beneficiary shall be entitled to the lump sum equal to the Participant's Retirement Account Balance.
POST-RETIREMENT DEATH BENEFIT	As provided by the normal form of benefit or by the election of an optional form of benefit.
FORM OF BENEFITS	
• Automatic form for unmarried participants	Single life annuity
• Automatic form for married participants	50% joint and survivor annuity
• Optional Forms	a) Lump sum distributions b) 50% joint and survivor annuity c) 66 2/3% joint and survivor annuity d) 75% joint and survivor annuity e)100% joint and survivor annuity f) Life annuity with 10 years guaranteed

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2019, are included in this valuation:

- **Most recent plan amendments included:** All amendments adopted through December 31, 2018.
- **Plan amendments excluded:** None.
- **Late retirement increases:** N/A
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations, as applicable.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* N/A
  - *Plan amendments:* N/A
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** N/A
- **Unpredictable contingent event benefits**: The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- None

OGILVY & MATHER
ACCOUNT BALANCE DEFINED BENEFIT PENSION PLAN

Form 5500, Schedule H, Part IV, line 4i –
Schedule of Assets (Held at End of Year)
December 31, 2019

(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
*	Wells Fargo Government Money Market Fund	Mutual Fund	$ 7,228,158	$ 7,228,158
	TOTAL ASSETS (HELD AT END OF YEAR)		$ 7,228,158	$ 7,228,158

* Party-in-interest

See accompanying Independent Auditor's Report.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expected investment return was updated from 4.10% for 2018 to 4.00% for 2019 to reflect future expectations.
- The interest accumulation rate was updated as follows:
  - 4.50% for the “Frozen Account Balance;” and
  - 3.90% for the “Alternate Account Balance.”
- The administrative expense assumption was increased from $330,000 for 2018 to $350,000 for 2019 (before reflecting the spinoff). Note that $17,500 of this amount was allocated to the Ogilvy & Mather Account Balance Defined Benefit Continuation Pension Plan (EIN/PN: 13-2555496/005) pursuant to the spinoff June 1, 2019. Therefore, the final assumption for the Ogilvy & Mather Account Balance Defined Benefit Pension Plan is the remaining $332,500.