

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TARGETBASE INC. PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): IN CARE OF OMNICOM CAPITAL INC., 280 PARK AVENUE, NEW YORK, NY 10017
2b Employer Identification Number (EIN): 75-1781525
2c Plan Sponsor's telephone number: 212-415-3648
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Plan administrator (Rochelle Tarlowe, 07/08/2025), 2. Employer/plan sponsor (Rochelle Tarlowe, 07/08/2025), 3. DFE (blank signature, blank date, blank name).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor THE ANGELL PENSION GROUP, INC. 88 BOYD AVENUE EAST PROVIDENCE, RI 02914	3b Administrator's EIN 04-2530412 3c Administrator's telephone number 401-438-9250
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name THE M/A/R/C GROUP c Plan Name THE M/A/R/C GROUP PENSION PLAN	4b EIN 75-1781525 4d PN 001
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5 Total number of participants at the beginning of the plan year	5	336
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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)	35
a(2) Total number of active participants at the end of the plan year	6a(2)	33
b Retired or separated participants receiving benefits.....	6b	66
c Other retired or separated participants entitled to future benefits	6c	203
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	302
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	29
f Total. Add lines 6d and 6e	6f	331
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>TARGETBASE INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TARGETBASE INC.</u>	D Employer Identification Number (EIN) <u>75-1781525</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>20400619</u>
	b Actuarial value	2b	<u>21150932</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>69</u>	<u>8803362</u>
	b For terminated vested participants	<u>232</u>	<u>12162011</u>
	c For active participants	<u>35</u>	<u>3569431</u>
	d Total	<u>336</u>	<u>24534804</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>522518</u>
	c Target normal cost	6c	<u>522518</u>

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		
	Signature of actuary	<u>05/02/2025</u>
	<u>JEFFREY C. LITER</u>	Date
	Type or print name of actuary	<u>23-06544</u>
	<u>THE ANGELL PENSION GROUP, INC.</u>	Most recent enrollment number
	Firm name	<u>401-438-9250</u>
	<u>88 BOYD AVENUE</u>	Telephone number (including area code)
	<u>EAST PROVIDENCE, RI 02914</u>	
	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 <u>15.51</u> %	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)		715
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 <u>5.25</u> %		37
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		752
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	86.20 %
15	Adjusted funding target attainment percentage	15	86.20 %
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	85.09 %
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		
04/10/2024	217685	0					
07/11/2024	191002	0					
10/07/2024	191002	0					
01/06/2025	191002	0					
02/19/2025	87700	0					
			Totals ▶	18(b)	878391	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	849090
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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				0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 522518
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	3383872		326377	
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 848895
	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 848895
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 849090
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 195
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 the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TARGETBASE INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TARGETBASE INC.	D Employer Identification Number (EIN) 75-1781525	

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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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)

THE ANGELL PENSION GROUP, INC.

88 BOYD AVE
EAST PROVIDENCE, RI 02914

(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	NONE	126077	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAP FINANCIAL PARTNERS LLC

109 INTERNATIONAL DRIVE
SUITE 210
FRANKLIN, TN 37067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	32500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PKF O'CONNOR DAVIES

500 MAMARONECK AVENUE
HARRISON, NY 10528

27-1728945

(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?
10	NONE	28800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

DAVIS & GILBERT LLP

1740 BROADWAY #3
NEW YORK, NY 10019

13-1504385

(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?
29	NONE	24683	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMERICA BANK

42-1741646

(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?
19 21 49 59 62 72	NONE	15791	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TARGETBASE INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TARGETBASE INC.</u>	D Employer Identification Number (EIN) <u>75-1781525</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT-TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>COMERICA</u>		
c EIN-PN <u>38-2217511-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>259666</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TARGETBASE INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TARGETBASE INC.	D Employer Identification Number (EIN) 75-1781525

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	480949	278702
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12101	16736
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	13232	259666
(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)	19896631	21562182
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	20402913	22117286
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20402913	22117286

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)	878391	
(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)		878391
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		0
(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)	1349153	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1349153
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		919880
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3147424

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	940768	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		940768
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	28800	
(5) Investment advisory and investment management fees	2i(5)	32500	
(6) Bank or trust company trustee/custodial fees	2i(6)	15791	
(7) Actuarial fees	2i(7)	126077	
(8) Legal fees	2i(8)	24683	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	264432	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		492283
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1433051

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1714373
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 536883.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TARGETBASE INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TARGETBASE INC.</u>	D Employer Identification Number (EIN) <u>75-1781525</u>	

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): 38-0477375

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		5
---	--	---

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Targetbase Inc. Pension Plan

Financial Statements
December 31, 2024 and 2023

Targetbase Inc. Pension Plan

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Independent Auditors' Report

The Administrative Committee of Targetbase Inc. Pension Plan

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

We have performed audits of the accompanying financial statements of Targetbase Inc. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

**The Administrative Committee of
Targetbase Inc. Pension Plan**
Page 3

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

Supplemental Schedules Required by ERISA

The supplemental schedules of: (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and (2) Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

PKF O'Connor Davies, LLP

June 30, 2025

Targetbase Inc. Pension Plan
Statements of Net Assets Available for Benefits

		December 31,	
		2024	2023
Assets			
Investments, at fair value:			
Mutual Funds		\$ 21,562,182	19,896,631
Common/Collective Trust		259,666	13,232
		21,821,848	19,909,863
Receivables:			
Employer Contribution		278,702	480,949
Accrued Income		16,736	12,101
		295,438	493,050
Total Assets		22,117,286	20,402,913
Liabilities			
Accrued Expenses		93,415	52,635
		93,415	52,635
Net Assets Available for Benefits		\$ 22,023,871	\$ 20,350,278

See notes to financial statements.

Targetbase Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
Additions:		
Employer contributions	\$ 878,391	\$ 908,893
Interest and dividends	519,012	487,197
Net appreciation in fair value of investments	1,750,021	2,384,289
	3,147,424	3,780,379
Deductions:		
Benefits paid to participants	940,768	2,277,589
Administrative expenses	533,063	525,594
	1,473,831	2,803,183
Net increase	1,673,593	977,196
Net assets available for benefits:		
Beginning of year	20,350,278	19,373,082
End of year	\$ 22,023,871	\$ 20,350,278

See notes to financial statements.

Targetbase Inc. Pension Plan Notes to Financial Statements

1. Description of Plan

On June 11, 2024, Targetbase Inc. formerly known as The M/A/R/C Group, adopted the Targetbase Inc. Pension Plan, formerly known as the M/A/R/C Group Pension Plan. The following description of the Targetbase Inc. Pension Plan, or the Plan, is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit plan that provides retirement benefits to employees of Targetbase Inc., the Plan Sponsor, or the Company, a wholly owned indirect subsidiary of Omnicom Group Inc., or Omnicom. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, or ERISA. The Plan was closed to new participants after December 31, 2001 and benefit accruals were frozen effective December 31, 2010. All Plan participants are fully vested in their accrued benefit.

Contributions

The Company's funding policy is to contribute amounts sufficient to meet the ERISA minimum funding requirements as determined by the Plan's actuary. The Plan has met the minimum ERISA funding requirements for the years ended December 31, 2024 and 2023.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in conformity with generally accepted accounting principles in the United States, or U.S. GAAP.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities, additions to and deductions from net assets, and disclosure of contingent assets, liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the changes therein. Actual results could differ from those estimates and assumptions and the difference could be material.

Investments

All investments are stated 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. Shares of registered investment companies (mutual funds) are valued at quoted market prices. Shares of the common/collective trust are valued at the net asset value as a practical expedient, which is used to estimate fair value. The net asset value is based on the fair value of the underlying assets.

Purchases and sales of investments are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation in fair value of investments consists of the net realized and unrealized investment gains and losses during the period.

Fair Value Measurement

The Plan applies the fair value measurement guidance for its financial assets and liabilities that are required to be measured at fair value on a recurring basis. The measurement of fair value requires the use of techniques based on observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions. The inputs establish the following fair value hierarchy:

- Level 1 - Unadjusted quoted prices in active markets for identical assets or liabilities.
- Level 2 - Unadjusted quoted prices in active markets for similar assets or liabilities; unadjusted quoted prices for identical assets or liabilities in markets that are not active; and model-derived valuations with observable inputs.
- Level 3 - Unobservable inputs for the asset or liability.

Investments where fair value is measured using net asset value per share as a practical expedient are not categorized in the fair value hierarchy.

Payment of Benefits

Benefits are recorded when paid.

**Targetbase Inc. Pension Plan
Notes to Financial Statements**

Risk and Uncertainties

The Plan invests in various securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, liquidity risk, foreign currency risk, economic changes, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

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

Global economic challenges, including geopolitical events, international hostilities, acts of terrorism, public health crises, high and sustained inflation, high interest rates, and labor and supply chain issues could cause economic uncertainty and volatility. The future impact on the Plan's net assets available for benefits and changes in net assets available for benefits is uncertain.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent future periodic payments, including lump sum distributions, that are attributable to the service rendered by employees. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, and beneficiaries of employees who have died. Benefits for retired or terminated employees or their beneficiaries are based on employees' average monthly compensation and years of benefit service.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary. The actuarial present value of accumulated plan benefits is the amount determined by applying actuarial assumptions to the accumulated plan benefits to reflect the time value of money 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 underlying the actuarial computations are; the Pri-2012 Mortality Tables (M/F) Projected to 2023 with Scale BB, a discount rate of 7% and retirement at age 65. These assumptions are unchanged from the prior year except for the mortality table, which was updated for the prescribed tables, and assume that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors may be used to determine the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of January 1, 2024 was:

Vested benefits:

Participants currently receiving benefits	\$ 7,592,810
Other participants	12,637,596
	\$ 20,230,406

The changes in the actuarial present value of accumulated benefits for the year ended January 1, 2024 were:

Actuarial present value of accumulated benefits January 1, 2023	\$ 20,556,659
Changes in actuarial assumptions	52,572
Benefits accumulated and actuarial gains and losses	546,156
Interest expense due to decrease in discount period	1,352,608
Benefits paid	(2,277,589)
Actuarial present value of accumulated benefits January 1, 2024	\$ 20,230,406

4. Information Certified (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required schedules of (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and (2) Schedule H, Line 4j – Schedule of Reportable Transactions including investments held at December 31, 2024 and 2023, and interest and dividends and net appreciation in fair value of investments for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Comerica Bank & Trust, National Association, or Comerica, a qualified institution.

**Targetbase Inc. Pension Plan
Notes to Financial Statements**

5. Fair Value

Investments measured at fair value on a recurring basis:

	December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 21,562,182	\$ —	\$ —	\$ 21,562,182
Common/Collective Trust measured at net asset value as a practical expedient	—	—	—	259,666
	<u>\$ 21,562,182</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 21,821,848</u>
	December 31, 2023			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 19,896,631	\$ —	\$ —	\$ 19,896,631
Common/Collective Trust measured at net asset value as a practical expedient	—	—	—	13,232
	<u>\$ 19,896,631</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 19,909,863</u>

6. Common/Collective Trust

The Comerica Short-Term Fund, or the Fund, is a common/collective trust fund. The Fund invests substantially all its assets in short-term obligations having a stated maturity date of 365 days or less, which may include variable rate demand obligations having a demand feature and/or periodic interest rate resets within the specified period. Comerica is the trustee of the Fund. The policy of the Fund is to maintain the net asset value per unit at \$1 although the Fund is not obligated to do so. Units are issued and redeemed at the net asset value, which is determined daily. Net investment income is distributed to participants and is not accumulated in the Fund. The Fund has no unfunded commitments at December 31, 2024 and 2023.

7. Administrative Expenses

Substantially all administrative expenses are paid by the Plan. Although not required to do so, the Company absorbs a portion of the administrative expenses.

8. Income Tax Status

The Internal Revenue Service, or IRS, issued a determination letter dated March 3, 2003, which indicated that the Plan meets the qualification requirements of Section 401(a) of the Internal Revenue Code, or Code, and therefore the related trust is exempt from federal income taxes under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator does not believe that the amendments will affect the Plan's tax-qualified status.

Management evaluates any tax positions taken by the Plan, and recognizes an income tax liability only if those positions are more likely than not to be sustained upon examination. Management has determined that the Plan had no uncertain tax positions that would require recognition or disclosure in the financial statements. The Plan is subject to routine examination by the IRS and other taxing jurisdictions. Currently, there are no examinations for any period in progress.

9. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan would be distributed in accordance with the provisions of ERISA and the rules and regulations of the Pension Benefit Guaranty Corporation.

10. Party-in-Interest Transactions

Certain Plan investments represent units of a common/collective trust managed by Comerica. Comerica is the Plan trustee and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

11. Subsequent Events

The Plan administrator evaluated events subsequent to the date of the statements of net assets available for benefits through June 30, 2025, the date in which the financial statements were available to be issued and determined that there have not been any events that occurred that would require adjustment to or disclosure in the financial statements.

Targetbase Inc. Pension Plan
Notes to Financial Statements

12. Reconciliation of Financial Statements to Form 5500

The following reconciles the net assets available for benefits as presented in the financial statements at December 31, 2024 and 2023 to Form 5500:

	2024	2023
Net assets available for benefits - Financial Statements	\$ 22,023,871	\$ 20,350,278
Add: Accrued expenses	93,415	52,635
Net assets available for benefits - Form 5500	\$ 22,117,286	\$ 20,402,913

The following reconciles the administrative expenses as presented in the financial statements for the years ended December 31, 2024 and 2023 to Form 5500:

	2024	2023
Administrative expenses - Financial Statements	\$ 533,063	\$ 525,594
Add: Accrued expenses 2023	52,635	
Less: Accrued expenses 2024	93,415	
Add: Accrued expenses 2022		49,557
Less: Accrued expenses 2023		52,635
Administrative expenses - Form 5500	\$ 492,283	\$ 522,516

Targetbase Inc. Pension Plan

Supplemental Schedules
December 31, 2024



Targetbase Inc Pension Plan - FKA

MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

**Assets Held at End of Period
For the Period January 01, 2024 - December 31, 2024**

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Description	Cusip	Shares/Par Value	Cost	Current Value
AMERICAN BEACON LARGE CAP VALUE FUND - R5 CLASS	Cusip: 02368A208	73,885.8820	1,905,883.41	1,944,676.41
AMERICAN BEACON SMALL CAP VALUE FUND-R6	Cusip: 024526774	55,736.7300	1,388,396.57	1,373,353.03
BARON SMALL CAP FUND-INST	Cusip: 068278803	33,901.5320	1,114,147.97	1,121,123.66
BLACKROCK TOT RETURN BD FD CL I	Cusip: 09252M883	208,179.8200	2,084,098.39	2,025,589.65
COMERICA SHORT TERM FUND *	Cusip: SWSTIF001	259,665.8300	259,665.83	259,665.83
DODGE & COX INCOME FD	Cusip: 256210105	217,418.3870	2,740,146.07	2,691,639.63
DODGE & COX INTL STOCK FUND	Cusip: 256206103	23,126.5440	1,137,783.58	1,154,014.55
EUROPAC GROWTH FD AMERICAN	Cusip: 298706821	26,110.9810	1,429,558.05	1,402,681.90
FIDELITY CONTRAFUND	Cusip: 316071109	73,819.0830	1,210,005.71	1,552,415.32
FIDELITY TOTAL BOND FUND	Cusip: 31617K881	216,533.8770	2,072,823.08	2,035,418.44
MAINSTAY WINSLOW LARGE CAP GROWTH FUND CLASS I	Cusip: 56062X641	129,957.2450	1,428,695.78	1,538,693.78
T ROWE PRICE EQUITY INC FD	Cusip: 779547108	24,930.3260	843,506.61	863,586.49
VANGUARD 500 INDEX FD ADM	Cusip: 922908710	2,647.7100	1,167,570.36	1,437,071.08
VANGUARD MID-CAP INDEX FUND	Cusip: 922908645	4,102.0550	1,183,390.45	1,340,838.72
VANGUARD REAL ESTATE INDEX FUND ADMIRAL SHARES	Cusip: 921908877	8,558.9350	1,063,711.57	1,081,079.08
Total All Assets			21,029,383.43	21,821,847.57

* Denotes a party-in-interest as defined by ERISA.



Targetbase Inc. Pension Plan FKA
MARC GROUP PENSION-CONSOLIDATED
Account Number: 1-103931

5% Transactions - Single Transactions
For the Period January 01, 2024 - December 31, 2024

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No data in the reporting period



MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

**5% Transactions - Non-Security Transactions
For the Period January 01, 2024 - December 31, 2024**

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No data in the reporting period



5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

Date	Transaction	Description	EBT Cost	Market Value
MARC GROUP PENSION-CONSOLIDATED				
01/02/2024	SWEEP PURCHASE	3.35 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3.35	3.35
01/02/2024	SWEEP PURCHASE	3,057.6 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,057.60	3,057.60
01/05/2024	SWEEP PURCHASE	342,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	342,000.00	342,000.00
01/09/2024	SWEEP PURCHASE	325,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	325,000.00	325,000.00
01/09/2024	SWEEP SALE	325,000 shares COMERICA SHORT TERM FUND	325,000.00	325,000.00
01/12/2024	SWEEP PURCHASE	142,648 shares COMERICA SHORT TERM FUND STATE COST: 0.00	142,648.00	142,648.00
01/22/2024	SWEEP PURCHASE	745,075.61 shares COMERICA SHORT TERM FUND STATE COST: 0.00	745,075.61	745,075.61
01/23/2024	SWEEP SALE	745,075.61 shares COMERICA SHORT TERM FUND	745,075.61	745,075.61
01/24/2024	SWEEP SALE	3,435.6 shares COMERICA SHORT TERM FUND	3,435.60	3,435.60
01/26/2024	SWEEP SALE	65,572.22 shares COMERICA SHORT TERM FUND	65,572.22	65,572.22
02/01/2024	SWEEP PURCHASE	1,528.38 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,528.38	1,528.38



5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

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Date	Transaction	Description	EBT Cost	Market Value
02/01/2024	SWEEP PURCHASE	325.04 shares COMERICA SHORT TERM FUND STATE COST: 0.00	325.04	325.04
02/12/2024	SWEEP SALE	3,913.41 shares COMERICA SHORT TERM FUND	3,913.41	3,913.41
02/16/2024	SWEEP PURCHASE	338,301 shares COMERICA SHORT TERM FUND STATE COST: 0.00	338,301.00	338,301.00
02/26/2024	SWEEP SALE	73,697.22 shares COMERICA SHORT TERM FUND	73,697.22	73,697.22
03/01/2024	SWEEP PURCHASE	2,276.74 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,276.74	2,276.74
03/01/2024	SWEEP PURCHASE	138.95 shares COMERICA SHORT TERM FUND STATE COST: 0.00	138.95	138.95
03/11/2024	SWEEP SALE	161.76 shares COMERICA SHORT TERM FUND	161.76	161.76
03/15/2024	SWEEP SALE	44,727.28 shares COMERICA SHORT TERM FUND	44,727.28	44,727.28
03/26/2024	SWEEP SALE	65,733.98 shares COMERICA SHORT TERM FUND	65,733.98	65,733.98
03/26/2024	SWEEP PURCHASE	3,366.04 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,366.04	3,366.04
04/01/2024	SWEEP PURCHASE	2,766.37 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,766.37	2,766.37
04/01/2024	SWEEP SALE	268,000 shares COMERICA SHORT TERM FUND	268,000.00	268,000.00



5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

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Date	Transaction	Description	EBT Cost	Market Value
04/01/2024	SWEEP PURCHASE	149.03 shares COMERICA SHORT TERM FUND STATE COST: 0.00	149.03	149.03
04/01/2024	SWEEP PURCHASE	268,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	268,000.00	268,000.00
04/02/2024	SWEEP SALE	268,000 shares COMERICA SHORT TERM FUND	268,000.00	268,000.00
04/02/2024	SWEEP PURCHASE	268,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	268,000.00	268,000.00
04/03/2024	SWEEP SALE	268,000 shares COMERICA SHORT TERM FUND	268,000.00	268,000.00
04/11/2024	SWEEP PURCHASE	213,716.21 shares COMERICA SHORT TERM FUND STATE COST: 0.00	213,716.21	213,716.21
04/18/2024	SWEEP SALE	750 shares COMERICA SHORT TERM FUND	750.00	750.00
04/25/2024	SWEEP SALE	65,490.53 shares COMERICA SHORT TERM FUND	65,490.53	65,490.53
04/25/2024	SWEEP SALE	200,000 shares COMERICA SHORT TERM FUND	200,000.00	200,000.00
05/01/2024	SWEEP PURCHASE	719.17 shares COMERICA SHORT TERM FUND STATE COST: 0.00	719.17	719.17
05/01/2024	SWEEP SALE	33.47 shares COMERICA SHORT TERM FUND	33.47	33.47
05/01/2024	SWEEP PURCHASE	1,211.68 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,211.68	1,211.68



5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

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Date	Transaction	Description	EBT Cost	Market Value
05/01/2024	SWEEP SALE	56.42 shares COMERICA SHORT TERM FUND	56.42	56.42
05/16/2024	SWEEP SALE	2,554.86 shares COMERICA SHORT TERM FUND	2,554.86	2,554.86
05/23/2024	SWEEP SALE	3,595.53 shares COMERICA SHORT TERM FUND	3,595.53	3,595.53
05/24/2024	SWEEP SALE	750 shares COMERICA SHORT TERM FUND	750.00	750.00
05/28/2024	SWEEP SALE	66,767.96 shares COMERICA SHORT TERM FUND	66,767.96	66,767.96
06/03/2024	SWEEP PURCHASE	705.15 shares COMERICA SHORT TERM FUND STATE COST: 0.00	705.15	705.15
06/03/2024	SWEEP PURCHASE	455.29 shares COMERICA SHORT TERM FUND STATE COST: 0.00	455.29	455.29
06/11/2024	SWEEP SALE	97,846.59 shares COMERICA SHORT TERM FUND	97,846.59	97,846.59
07/01/2024	SWEEP PURCHASE	441.37 shares COMERICA SHORT TERM FUND STATE COST: 0.00	441.37	441.37
07/11/2024	SWEEP PURCHASE	111,836.23 shares COMERICA SHORT TERM FUND STATE COST: 0.00	111,836.23	111,836.23
07/12/2024	SWEEP PURCHASE	326,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	326,000.00	326,000.00
07/15/2024	SWEEP SALE	9,250 shares COMERICA SHORT TERM FUND	9,250.00	9,250.00



5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

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Date	Transaction	Description	EBT Cost	Market Value
07/24/2024	SWEEP SALE	3,639.84 shares COMERICA SHORT TERM FUND	3,639.84	3,639.84
07/26/2024	SWEEP SALE	66,767.96 shares COMERICA SHORT TERM FUND	66,767.96	66,767.96
08/01/2024	SWEEP PURCHASE	1,177.21 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,177.21	1,177.21
08/01/2024	SWEEP PURCHASE	458.19 shares COMERICA SHORT TERM FUND STATE COST: 0.00	458.19	458.19
08/02/2024	SWEEP SALE	7,355.27 shares COMERICA SHORT TERM FUND	7,355.27	7,355.27
08/27/2024	SWEEP SALE	67,123.15 shares COMERICA SHORT TERM FUND	67,123.15	67,123.15
09/03/2024	SWEEP PURCHASE	1,494.95 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,494.95	1,494.95
09/03/2024	SWEEP PURCHASE	457.19 shares COMERICA SHORT TERM FUND STATE COST: 0.00	457.19	457.19
09/04/2024	SWEEP SALE	8,875 shares COMERICA SHORT TERM FUND	8,875.00	8,875.00
09/11/2024	SWEEP SALE	264,432 shares COMERICA SHORT TERM FUND	264,432.00	264,432.00
09/12/2024	SWEEP SALE	13,065.17 shares COMERICA SHORT TERM FUND	13,065.17	13,065.17
10/01/2024	SWEEP PURCHASE	433.13 shares COMERICA SHORT TERM FUND STATE COST: 0.00	433.13	433.13



5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

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Date	Transaction	Description	EBT Cost	Market Value
10/04/2024	SWEEP PURCHASE	247,478.81 shares COMERICA SHORT TERM FUND STATE COST: 0.00	247,478.81	247,478.81
10/07/2024	SWEEP PURCHASE	191,002 shares COMERICA SHORT TERM FUND STATE COST: 0.00	191,002.00	191,002.00
10/16/2024	SWEEP SALE	3,448.51 shares COMERICA SHORT TERM FUND	3,448.51	3,448.51
10/24/2024	SWEEP SALE	4,058.21 shares COMERICA SHORT TERM FUND	4,058.21	4,058.21
10/28/2024	SWEEP SALE	67,123.15 shares COMERICA SHORT TERM FUND	67,123.15	67,123.15
10/29/2024	SWEEP SALE	1,125 shares COMERICA SHORT TERM FUND	1,125.00	1,125.00
11/01/2024	SWEEP PURCHASE	1,482.8 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,482.80	1,482.80
11/01/2024	SWEEP PURCHASE	427.58 shares COMERICA SHORT TERM FUND STATE COST: 0.00	427.58	427.58
11/15/2024	SWEEP SALE	42,308.48 shares COMERICA SHORT TERM FUND	42,308.48	42,308.48
11/15/2024	SWEEP SALE	3,823.51 shares COMERICA SHORT TERM FUND	3,823.51	3,823.51
11/25/2024	SWEEP SALE	67,123.15 shares COMERICA SHORT TERM FUND	67,123.15	67,123.15
12/02/2024	SWEEP PURCHASE	1,233.68 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,233.68	1,233.68



MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

**5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024**

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Date	Transaction	Description	EBT Cost	Market Value
12/02/2024	SWEEP PURCHASE	399.37 shares COMERICA SHORT TERM FUND STATE COST: 0.00	399.37	399.37
12/09/2024	SWEEP SALE	8,925.63 shares COMERICA SHORT TERM FUND	8,925.63	8,925.63
12/10/2024	SWEEP SALE	1,200 shares COMERICA SHORT TERM FUND	1,200.00	1,200.00
12/26/2024	SWEEP SALE	67,123.15 shares COMERICA SHORT TERM FUND	67,123.15	67,123.15
12/27/2024	SWEEP SALE	21,403.02 shares COMERICA SHORT TERM FUND	21,403.02	21,403.02
Total			6,841,098.76	6,841,098.76
03/07/2024	REINVESTMENT	59.906 shares FIDELITY TOTAL BOND FUND Reversed Entry Posted On 12/26/2023	573.30	0.00
Total FIDELITY			573.30	
Total All Issues			6,841,672.06	6,841,098.76



MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

**5% Transactions - By Broker
For the Period January 01, 2024 - December 31, 2024**

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No data in the reporting period

Plan Name: Targetbase Inc. Pension Plan

EIN: 75-1781525

Plan Number: 001

Schedule SB, Line 26a -- Schedule of Active Participant Data																				
YEARS OF CREDITED SERVICE																				
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		0		0		0		0		0		0		0	
35 to 39	0		0		0		0		0		0		0		0		0		0	
40 to 44	0		0		0		0		0		0		0		0		0		0	
45 to 49	0		0		0		0		0		2		0		0		0		0	
50 to 54	0		0		0		0		0		3		9		1		0		0	
55 to 59	0		0		0		0		0		1		5		2		1		0	
60 to 64	0		0		0		0		0		2		3		0		5		0	
65 to 69	0		0		0		0		0		0		0		1		0		0	
70 & up	0		0		0		0		0		0		0		0		0		0	
Total	0		0		0		0		0		8		17		4		6		0	

*The plan is "hard frozen", and average annual accrued benefits are reported in lieu of average annual compensation.

SECTION XII ACTUARIAL COST METHODS

Traditional Unit Credit (TUC)

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit (PUC)

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets

Average of fair market value of plan assets as of the current valuation date and as of the valuation date for each of the prior two plan years, adjusted for contributions and distributions from the prior period to the current valuation date. The resulting amount is restricted to fall within 90% to 110% of the fair market value of assets. [IRC. Sec 430(g)(3)(B)]. This method is restricted in that the expected earnings are limited by Internal Revenue Code Regulations. Therefore, the resulting asset value may tend to be less than the market value of assets over a long period of time. The Assumed Earnings Rate is 7.00%.

IRS Required Discount Rates

Minimum Required Contribution (as adjusted for MAP-21/HATFA/ARPA)

1. Segment Rate 1 for Years 1 Through 5	4.75%
2. Segment Rate 2 for Years 6 Through 20	4.87%
3. Segment Rate 3 for Years After 20	5.59%

Maximum Deductible Contribution

1. Segment Rate 1 for Years 1 Through 5	3.62%
2. Segment Rate 2 for Years 6 Through 20	4.46%
3. Segment Rate 3 for Years After 20	4.52%

Plan Effective Interest Rate 5.12%

Financial Accounting Standards Board ASC 960 Discount Rates and Mortality

Discount Rates

1. Pre-Retirement Discount Rate:	7.00%
2. Post-Retirement Discount Rate:	7.00%

Mortality Tables

1. Employee Mortality - Male	Pri-2012 Male Employee Projected to 2023 with Scale BB, Male
Employee Mortality - Female	Pri-2012 Female Employee Projected to 2023 with Scale BB, Female
2. Healthy Annuitant Mortality - Male	Pri-2012 Male Retiree Projected to 2023 with Scale BB, Male
Healthy Annuitant Mortality - Female	Pri-2012 Female Retiree Projected to 2023 with Scale BB, Female
3. Disabled Annuitant Mortality - Male	Pri-2012 Male Disabled Annuitant Projected to 2023 with Scale BB, Male
Disabled Annuitant Mortality - Female	Pri-2012 Female Disabled Annuitant Projected to 2023 with Scale BB, Female
4. Beneficiary Mortality - Male	Pri-2012 Male Contingent Survivor Projected to 2023 with Scale BB, Male
Beneficiary Mortality - Female	Pri-2012 Female Contingent Survivor Projected to 2023 with Scale BB, Female

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Salary Scale Assumption	Salary increases were not assumed in the valuation.
Taxable Wage Base Increase Assumption	No TWB increase was assumed in the valuation.
Social Security CPI Assumption	No CPI increase was assumed in the valuation.
Plan Benefit COLA Assumption	No COLA increase was assumed in the valuation.

Retirement Rates Retirement Rates were assumed in the valuation.

The following are sample retirement rates for various ages with 100% assumed to retire at age 65

	Male	Female
60	0.030000	0.030000
61	0.030000	0.030000
62	0.030000	0.030000
63	0.030000	0.030000
64	0.300000	0.300000
65	1.000000	1.000000

Termination Rates Termination Rates were assumed in the valuation.

The following are sample termination rates for various ages that apply to new hires:

	Male	Female
20	0.243000	0.243000
25	0.195000	0.195000
30	0.155000	0.155000
35	0.121000	0.121000
40	0.094000	0.094000
45	0.073000	0.073000
50	0.056000	0.056000
55	0.042000	0.042000
60	0.030000	0.030000

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Disability Rates Disability Rates were assumed in the valuation.

The following are sample disability rates for various ages:

	Male	Female
20	0.000200	0.000200
25	0.000300	0.000300
30	0.000700	0.000700
35	0.001200	0.001200
40	0.001800	0.001800
45	0.002800	0.002800
50	0.004800	0.004800
55	0.008700	0.008700
60	0.013800	0.013800
65	0.018800	0.018800

Pre-Retirement Mortality Rates: Pre-Retirement Mortality was assumed in the valuation.

Male: Pri-2012 Male Employee projected generationally via the adjusted Scale MP-2021

Female: Pri-2012 Female Employee projected generationally via the adjusted Scale MP-2021

The following are sample pre-retirement mortality rates for various ages:

	Male	Female
20	0.000560	0.000150
25	0.000540	0.000190
30	0.000550	0.000210
35	0.000610	0.000280
40	0.000740	0.000430
45	0.000970	0.000650
50	0.001470	0.000980
55	0.002340	0.001480
60	0.003690	0.002240
65	0.005730	0.003390
70	0.009670	0.006060
75	0.016320	0.010850

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Post-Retirement Mortality Rates: Post-Retirement Mortality was assumed in the valuation.

Male: Pri-2012 Male Retiree projected generationally via the adjusted Scale MP-2021

Female: Pri-2012 Female Retiree projected generationally via the adjusted Scale MP-2021

The following are sample post-retirement mortality rates for various ages:

	Male	Female
55	0.006400	0.003930
60	0.008450	0.005730
65	0.010830	0.008370
70	0.017240	0.012980
75	0.028970	0.022580
80	0.050350	0.040530
85	0.089350	0.070770
90	0.156940	0.124530
95	0.245630	0.198630
100	0.339960	0.286980
105	0.431310	0.382430
110	0.500000	0.466730

Post-Disablement Mortality Rates Post-Disablement Mortality was assumed in the valuation.

Male: RR96-7 Post 94 Male

Female: RR96-7 Post 94 Female

The following are sample post-disablement mortality rates for various ages:

	Male	Female
55	0.053120	0.032594
60	0.058118	0.037993
65	0.063669	0.044287
70	0.073284	0.051331
75	0.088918	0.062574
80	0.107113	0.080480
85	0.133262	0.109368
90	0.173363	0.153477
95	0.234086	0.217045
100	0.319185	0.303433
105	0.469531	0.487816
110	1.000000	1.000000

Administrative Expenses \$ 522,518

Percent Married 85% of males and 85% of females are assumed to be married.

Age of Spouse Spouses of Males are assumed to be 3 years younger than the participant.
 Spouses of Females are assumed to be 3 years older than the participant.

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Segment Interest Rates for Minimum Contribution	Segment 1: 4.75% Segment 2: 4.87% Segment 3: 5.59%	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(2)(C))	The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year. These segment rates are adjusted by the applicable percentage of the 25-year average segment rates, subject to a 5% floor per the American Rescue Plan Act ("ARPA") and then further adjusted via a corridor.	The segment 1, segment 2 and segment 3 interest rates changed from 4.75%, 5.00%, and 5.74%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 1.01%.
Segment Interest Rates for Maximum Contribution	Segment 1: 3.62% Segment 2: 4.46% Segment 3: 4.52%	Prescribed by Internal Revenue Service (IRC Sec. 404(o)(6))	The Funding Target Liability for Maximum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year.	The segment 1, segment 2 and segment 3 interest rates changed from 1.41%, 3.09%, and 3.58%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change decreased the Funding Target Liability for Maximum Contribution as of the current measurement date, January 1, 2024, by 14.06%.
ASC 960 Interest Rate	7.00%	Omnicom Capital	The ASC 960 interest rate is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.	None
Inflation Rate	3.00%	The Angell Pension Group, Inc.	Long-term CPI-U experience.	None
Salary Scale	N/A	N/A	Plan benefits are frozen and do not depend on future salary.	None
Taxable Wage Base Increase	N/A	N/A	Plan benefits are frozen and do not depend on future taxable wage base.	None
IRC 415 and 401(a)(17) Limit Projection	N/A	N/A	Projected increases to benefit and pay limits are not applicable under the Actuarial Funding Method used for the Funding Target Liability and the ASC 960 Actuarial Present Value of Accrued Benefits.	None
Pre-Retirement Mortality	Pri-2012 Employee (M/F) Projected generationally via an adjusted Projection Scale MP-2021	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, with mortality improvement via an adjusted Projection Scale MP-2021.	The mortality tables changed from the 2023 IRS Non-Annuitant (M/F) tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2024, by 1.08% and 0.91%, respectively.

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption														
Post-Retirement Mortality	Pri-2012 Healthy Retiree and Contingent Annuitant (M/F) Projected generationally via an adjusted Projection Scale MP-2021	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, with mortality improvement via an adjusted Projection Scale MP-2021.	The mortality tables changed from the 2023 IRS Annuitant (M/F) tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2024, by 1.08% and 0.91%, respectively.														
Pre-Retirement Mortality for ASC 960	Pri-2012 Employee (M/F) Projected from 2012 to 2023 via Scale BB (M/F)	Omnicom Capital	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include projections of mortality improvement via Scale BB through 2022.	The mortality tables changed from the Pri-2012 Employee (M/F) projected via Scale BB to 2022 (M/F) tables as of the prior measurement date, January 1, 2023. The change was made to reflect the best estimate of future experience under the plan. This change, together with the change in post-retirement mortality, increased the Actuarial Present Value of Accrued Benefits as of the current measurement date, January 1, 2024, by 0.26%.														
Post-Retirement Mortality for ASC 960	Pri-2012 Healthy Retiree and Contingent Annuitant (M/F) Projected from 2012 to 2023 via Scale BB (M/F)	Omnicom Capital	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include projections of mortality improvement via Scale BB through 2022.	The mortality tables changed from the Pri-2012 Healthy Retiree and Contingent Annuitant projected via Scale BB to 2022 (M/F) tables as of the prior measurement date, January 1, 2023. The change was made to reflect the best estimate of future experience under the plan. This change, together with the change in pre-retirement mortality, increased the Actuarial Present Value of Accrued Benefits as of the current measurement date, January 1, 2024, by 0.26%.														
Disability Mortality	IRS Rev. Ruling 96-7 Post 94 (M/F)	The Angell Pension Group, Inc.	This mortality table was released by the IRS specifically for disabled lives.	None														
Disability Rates	MARC Disability Tables	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None														
Withdrawal Rates	2003 Society of Actuaries' Small Plan Basic Age Table	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None														
Retirement Rates	Active and inactive participants are assumed to retire based on the following rates: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>60</td> <td>3%</td> </tr> <tr> <td>61</td> <td>3%</td> </tr> <tr> <td>62</td> <td>3%</td> </tr> <tr> <td>63</td> <td>3%</td> </tr> <tr> <td>64</td> <td>30%</td> </tr> <tr> <td>65</td> <td>100%</td> </tr> </tbody> </table>	Age	Rate	60	3%	61	3%	62	3%	63	3%	64	30%	65	100%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Age	Rate																	
60	3%																	
61	3%																	
62	3%																	
63	3%																	
64	30%																	
65	100%																	

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Administrative Expenses	Equals the amount of Plan-related expenses paid from Plan assets in the prior Plan year.	The Angell Pension Group, Inc.	Internal Revenue Service regulations require the Target Normal Cost to be increased by the amount of Plan-related expenses expected to be paid from Plan assets during the Plan year. Our best estimate of these expenses is the actual amount of Plan-related expenses paid from Plan assets in the prior Plan year.	None
Percent Married	85% of males and 85% of females are assumed to be married.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Age of Spouse	The female spouse is assumed to be 3 years younger than the male spouse.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan and general experience from similarly situated plans.	None

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is:
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.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: TARGETBASE INC. PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1982
2a Plan sponsor's name: TARGETBASE INC., IN CARE OF OMNICOM CAPITAL INC., 280 PARK AVENUE, NEW YORK NY 10017
2b Employer Identification Number (EIN): 75-1781525
2c Plan Sponsor's telephone number: 212-415-3648
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.

Table with 3 rows for signatures: SIGN HERE, Signature of plan administrator, Date 7/8/25, ROCHELLE TARLOWE, Enter name of individual signing as plan administrator; SIGN HERE, Signature of employer/plan sponsor, Date 7/8/25, ROCHELLE TARLOWE, 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 <input type="checkbox"/> Same as Plan Sponsor THE ANGELL PENSION GROUP, INC. 88 BOYD AVENUE EAST PROVIDENCE RI 02914	3b Administrator's EIN 04-2530412 3c Administrator's telephone number 401-438-9250
---	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name THE M/A/R/C GROUP c Plan Name THE M/A/R/C GROUP PENSION PLAN	4b EIN 75-1781525 4d PN 001
---	--

5 Total number of participants at the beginning of the plan year	5	336
---	----------	-----

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)	35
a(2) Total number of active participants at the end of the plan year	6a(2)	33
b Retired or separated participants receiving benefits	6b	66
c Other retired or separated participants entitled to future benefits	6c	203
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	302
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	29
f Total. Add lines 6d and 6e	6f	331
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
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 1I

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

No data in the reporting period



MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

5% Transactions - Non-Security Transactions
For the Period January 01, 2024 - December 31, 2024

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No data in the reporting period



5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

MARC GROUP PENSION-CONSOLIDATED
 Account Number: 1-103931

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Date	Transaction	Description	EBT Cost	Market Value
MARC GROUP PENSION-CONSOLIDATED				
01/02/2024	SWEEP PURCHASE	3.35 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3.35	3.35
01/02/2024	SWEEP PURCHASE	3,057.6 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,057.60	3,057.60
01/05/2024	SWEEP PURCHASE	342,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	342,000.00	342,000.00
01/09/2024	SWEEP PURCHASE	325,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	325,000.00	325,000.00
01/09/2024	SWEEP SALE	325,000 shares COMERICA SHORT TERM FUND	325,000.00	325,000.00
01/12/2024	SWEEP PURCHASE	142,648 shares COMERICA SHORT TERM FUND STATE COST: 0.00	142,648.00	142,648.00
01/22/2024	SWEEP PURCHASE	745,075.61 shares COMERICA SHORT TERM FUND STATE COST: 0.00	745,075.61	745,075.61
01/23/2024	SWEEP SALE	745,075.61 shares COMERICA SHORT TERM FUND	745,075.61	745,075.61
01/24/2024	SWEEP SALE	3,435.6 shares COMERICA SHORT TERM FUND	3,435.60	3,435.60
01/26/2024	SWEEP SALE	65,572.22 shares COMERICA SHORT TERM FUND	65,572.22	65,572.22
02/01/2024	SWEEP PURCHASE	1,528.38 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,528.38	1,528.38



MARC GROUP PENSION-CONSOLIDATED
Account Number: 1-103931

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
02/01/2024	SWEEP PURCHASE	325.04 shares COMERICA SHORT TERM FUND STATE COST: 0.00	325.04	325.04
02/12/2024	SWEEP SALE	3,913.41 shares COMERICA SHORT TERM FUND	3,913.41	3,913.41
02/16/2024	SWEEP PURCHASE	338,301 shares COMERICA SHORT TERM FUND STATE COST: 0.00	338,301.00	338,301.00
02/26/2024	SWEEP SALE	73,697.22 shares COMERICA SHORT TERM FUND	73,697.22	73,697.22
03/01/2024	SWEEP PURCHASE	2,276.74 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,276.74	2,276.74
03/01/2024	SWEEP PURCHASE	138.95 shares COMERICA SHORT TERM FUND STATE COST: 0.00	138.95	138.95
03/11/2024	SWEEP SALE	161.76 shares COMERICA SHORT TERM FUND	161.76	161.76
03/15/2024	SWEEP SALE	44,727.28 shares COMERICA SHORT TERM FUND	44,727.28	44,727.28
03/26/2024	SWEEP SALE	65,733.98 shares COMERICA SHORT TERM FUND	65,733.98	65,733.98
03/26/2024	SWEEP PURCHASE	3,366.04 shares COMERICA SHORT TERM FUND STATE COST: 0.00	3,366.04	3,366.04
04/01/2024	SWEEP PURCHASE	2,766.37 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,766.37	2,766.37
04/01/2024	SWEEP SALE	268,000 shares COMERICA SHORT TERM FUND	268,000.00	268,000.00



MARC GROUP PENSION-CONSOLIDATED
Account Number: 1-103931

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
04/01/2024	SWEEP PURCHASE	149.03 shares COMERICA SHORT TERM FUND STATE COST: 0.00	149.03	149.03
04/01/2024	SWEEP PURCHASE	268,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	268,000.00	268,000.00
04/02/2024	SWEEP SALE	268,000 shares COMERICA SHORT TERM FUND	268,000.00	268,000.00
04/02/2024	SWEEP PURCHASE	268,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	268,000.00	268,000.00
04/03/2024	SWEEP SALE	268,000 shares COMERICA SHORT TERM FUND	268,000.00	268,000.00
04/11/2024	SWEEP PURCHASE	213,716.21 shares COMERICA SHORT TERM FUND STATE COST: 0.00	213,716.21	213,716.21
04/18/2024	SWEEP SALE	750 shares COMERICA SHORT TERM FUND	750.00	750.00
04/25/2024	SWEEP SALE	65,490.53 shares COMERICA SHORT TERM FUND	65,490.53	65,490.53
04/25/2024	SWEEP SALE	200,000 shares COMERICA SHORT TERM FUND	200,000.00	200,000.00
05/01/2024	SWEEP PURCHASE	719.17 shares COMERICA SHORT TERM FUND STATE COST: 0.00	719.17	719.17
05/01/2024	SWEEP SALE	33.47 shares COMERICA SHORT TERM FUND	33.47	33.47
05/01/2024	SWEEP PURCHASE	1,211.68 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,211.68	1,211.68



MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

**5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024**

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Date	Transaction	Description	EBT Cost	Market Value
05/01/2024	SWEEP SALE	56.42 shares COMERICA SHORT TERM FUND	56.42	56.42
05/16/2024	SWEEP SALE	2,554.86 shares COMERICA SHORT TERM FUND	2,554.86	2,554.86
05/23/2024	SWEEP SALE	3,595.53 shares COMERICA SHORT TERM FUND	3,595.53	3,595.53
05/24/2024	SWEEP SALE	750 shares COMERICA SHORT TERM FUND	750.00	750.00
05/28/2024	SWEEP SALE	66,767.96 shares COMERICA SHORT TERM FUND	66,767.96	66,767.96
06/03/2024	SWEEP PURCHASE	705.15 shares COMERICA SHORT TERM FUND STATE COST: 0.00	705.15	705.15
06/03/2024	SWEEP PURCHASE	455.29 shares COMERICA SHORT TERM FUND STATE COST: 0.00	455.29	455.29
06/11/2024	SWEEP SALE	97,846.59 shares COMERICA SHORT TERM FUND	97,846.59	97,846.59
07/01/2024	SWEEP PURCHASE	441.37 shares COMERICA SHORT TERM FUND STATE COST: 0.00	441.37	441.37
07/11/2024	SWEEP PURCHASE	111,836.23 shares COMERICA SHORT TERM FUND STATE COST: 0.00	111,836.23	111,836.23
07/12/2024	SWEEP PURCHASE	326,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	326,000.00	326,000.00
07/15/2024	SWEEP SALE	9,250 shares COMERICA SHORT TERM FUND	9,250.00	9,250.00



MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

**5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024**

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Date	Transaction	Description	EBT Cost	Market Value
07/24/2024	SWEEP SALE	3,639.84 shares COMERICA SHORT TERM FUND	3,639.84	3,639.84
07/26/2024	SWEEP SALE	66,767.96 shares COMERICA SHORT TERM FUND	66,767.96	66,767.96
08/01/2024	SWEEP PURCHASE	1,177.21 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,177.21	1,177.21
08/01/2024	SWEEP PURCHASE	458.19 shares COMERICA SHORT TERM FUND STATE COST: 0.00	458.19	458.19
08/02/2024	SWEEP SALE	7,355.27 shares COMERICA SHORT TERM FUND	7,355.27	7,355.27
08/27/2024	SWEEP SALE	67,123.15 shares COMERICA SHORT TERM FUND	67,123.15	67,123.15
09/03/2024	SWEEP PURCHASE	1,494.95 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,494.95	1,494.95
09/03/2024	SWEEP PURCHASE	457.19 shares COMERICA SHORT TERM FUND STATE COST: 0.00	457.19	457.19
09/04/2024	SWEEP SALE	8,875 shares COMERICA SHORT TERM FUND	8,875.00	8,875.00
09/11/2024	SWEEP SALE	264,432 shares COMERICA SHORT TERM FUND	264,432.00	264,432.00
09/12/2024	SWEEP SALE	13,065.17 shares COMERICA SHORT TERM FUND	13,065.17	13,065.17
10/01/2024	SWEEP PURCHASE	433.13 shares COMERICA SHORT TERM FUND STATE COST: 0.00	433.13	433.13



MARC GROUP PENSION-CONSOLIDATED
Account Number: 1-103931

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
10/04/2024	SWEEP PURCHASE	247,478.81 shares COMERICA SHORT TERM FUND STATE COST: 0.00	247,478.81	247,478.81
10/07/2024	SWEEP PURCHASE	191,002 shares COMERICA SHORT TERM FUND STATE COST: 0.00	191,002.00	191,002.00
10/16/2024	SWEEP SALE	3,448.51 shares COMERICA SHORT TERM FUND	3,448.51	3,448.51
10/24/2024	SWEEP SALE	4,058.21 shares COMERICA SHORT TERM FUND	4,058.21	4,058.21
10/28/2024	SWEEP SALE	67,123.15 shares COMERICA SHORT TERM FUND	67,123.15	67,123.15
10/29/2024	SWEEP SALE	1,125 shares COMERICA SHORT TERM FUND	1,125.00	1,125.00
11/01/2024	SWEEP PURCHASE	1,482.8 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,482.80	1,482.80
11/01/2024	SWEEP PURCHASE	427.58 shares COMERICA SHORT TERM FUND STATE COST: 0.00	427.58	427.58
11/15/2024	SWEEP SALE	42,308.48 shares COMERICA SHORT TERM FUND	42,308.48	42,308.48
11/15/2024	SWEEP SALE	3,823.51 shares COMERICA SHORT TERM FUND	3,823.51	3,823.51
11/25/2024	SWEEP SALE	67,123.15 shares COMERICA SHORT TERM FUND	67,123.15	67,123.15
12/02/2024	SWEEP PURCHASE	1,233.68 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,233.68	1,233.68



MARC GROUP PENSION-CONSOLIDATED
Account Number: 1-103931

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
12/02/2024	SWEEP PURCHASE	399.37 shares COMERICA SHORT TERM FUND STATE COST: 0.00	399.37	399.37
12/09/2024	SWEEP SALE	8,925.63 shares COMERICA SHORT TERM FUND	8,925.63	8,925.63
12/10/2024	SWEEP SALE	1,200 shares COMERICA SHORT TERM FUND	1,200.00	1,200.00
12/26/2024	SWEEP SALE	67,123.15 shares COMERICA SHORT TERM FUND	67,123.15	67,123.15
12/27/2024	SWEEP SALE	21,403.02 shares COMERICA SHORT TERM FUND	21,403.02	21,403.02
Total			6,841,098.76	6,841,098.76
03/07/2024	REINVESTMENT	59.906 shares FIDELITY TOTAL BOND FUND Reversed Entry Posted On 12/26/2023	573.30	0.00
Total FIDELITY			573.30	
Total All Issues			6,841,672.06	6,841,098.76



MARC GROUP PENSION-CONSOLIDATED

Account Number: 1-103931

5% Transactions - By Broker
For the Period January 01, 2024 - December 31, 2024

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No data in the reporting period

**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

2024

This Form is Open to Public Inspection

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

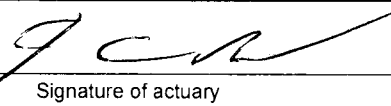
▶ **Round off amounts to nearest dollar.**

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

A Name of plan TARGETBASE INC. PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TARGETBASE INC.		D Employer Identification Number (EIN) 75-1781525	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value.....		2a	20,400,619
b Actuarial value.....		2b	21,150,932
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.....	69	8,803,362	8,803,362
b For terminated vested participants.....	232	12,162,011	12,162,011
c For active participants.....	35	3,569,431	3,569,431
d Total.....	336	24,534,804	24,534,804
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.12%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	0
b Expected plan-related expenses.....		6b	522,518
c Target normal cost.....		6c	522,518

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		<u>May 2, 2025</u>
	Signature of actuary	Date
JEFFREY C. LITER	Type or print name of actuary	2306544
	Firm name	Most recent enrollment number
THE ANGELL PENSION GROUP, INC.		401-438-9250
		Telephone number (including area code)
88 BOYD AVENUE		
EAST PROVIDENCE RI 02914	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

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-----------------------	-----------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)..... **31a** 522,518

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	3,383,872	326,377
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** 848,895

	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).....			848,895
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			849,090

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 195

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

As indicated on line 22 of the 2024 Schedule SB, the Weighted Average Retirement Age is 65. Under the 2024 Plan Year, the Weighted Average Retirement Age is the same as the Normal Retirement Age.

Appendix A

SUMMARY OF PLAN PROVISIONS (continued)

<i>Plan Effective Date:</i>	January 1, 1982
<i>Eligibility Requirements:</i>	<p>An eligible employee becomes eligible on the January 1 following the completion of one year of credited service and the attainment of age 21.</p> <p>Participation is closed to all participants effective 12/31/2010 and to some participants at earlier dates.</p>
<i>Year of Service:</i>	12-consecutive-month computation period in which an employee is credited with 1,000 or more hours of service.
	<p><i>Eligibility:</i> Computation period commences on employee's date of hire.</p> <p><i>Benefit Accrual:</i> Computation period commences on January 1. Fractional service is credited.</p> <p><i>Vesting:</i> Computation period commences on employee's date of hire.</p>
<i>Normal Retirement Date:</i>	First day of the month coincident with or next following the later of age 65 or the fifth anniversary of plan participation.
<i>Compensation:</i>	<p>The total compensation paid for the plan year including 401(k) and Section 125 contributions.</p> <p>The limit of \$200,000 is subject to adjustment by the Secretary of the Treasury or his delegate.</p>
<i>Average Compensation:</i>	Compensation averaged over the 5 consecutive compensation periods producing the highest average prior to the determination date.
<i>Normal Retirement Benefit:</i>	<p>1.5% of Average Compensation, less 1.25% of Social Security, both multiplied by years of benefit service.</p> <p>A minimum benefit of \$12 multiplied by years of benefit service applies.</p> <p>Benefit accruals are frozen effective December 31, 2010 for all participants. Earlier freeze dates apply for some participants.</p>
<i>Accrued Benefit:</i>	Unit Accrual.
<i>Normal Form of Benefit:</i>	Life Annuity.

Appendix A

SUMMARY OF PLAN PROVISIONS (continued)

- Early Retirement Date:* Age 55 and 10 Years of Service.
- Early Retirement Benefit:* The monthly benefit is reduced .5% per month for each month that it precedes the Normal Retirement Date.
- The reduction is waived for any participant who retires within three years of Normal Retirement Date and has 20 or more years of benefit service or who retires after age 60 with 30 or more years of benefit service.
- Late Retirement Benefit:* Monthly benefit determined as of actual retirement age.
- Death Benefit:* The actuarial equivalent of the participant's Accrued Benefit.
- Disability Benefit:* If a participant who has completed at least 10 Years of Service becomes disabled, the disability benefit payable at Normal Retirement Age with continued accruals (prior to the cessation of benefit accruals).
- Vesting:* Based on Years of Service, subject to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 5 years	0%
5 or more years	100%

Description	Cusip	Shares/Par Value	Cost	Current Value
AMERICAN BEACON LARGE CAP VALUE FUND - R5 CLASS	Cusip: 02368A208	73,885.8820	1,905,883.41	1,944,676.41
AMERICAN BEACON SMALL CAP VALUE FUND-R6	Cusip: 024526774	55,736.7300	1,388,396.57	1,373,353.03
BARON SMALL CAP FUND-INST	Cusip: 068278803	33,901.5320	1,114,147.97	1,121,123.66
BLACKROCK TOT RETURN BD FD CL I	Cusip: 09252M883	208,179.8200	2,084,098.39	2,025,589.65
COMERICA SHORT TERM FUND *	Cusip: SWSTIF001	259,665.8300	259,665.83	259,665.83
DODGE & COX INCOME FD	Cusip: 256210105	217,418.3870	2,740,146.07	2,691,639.63
DODGE & COX INTL STOCK FUND	Cusip: 256206103	23,126.5440	1,137,783.58	1,154,014.55
EUROPAC GROWTH FD AMERICAN	Cusip: 298706821	26,110.9810	1,429,558.05	1,402,681.90
FIDELITY CONTRAFUND	Cusip: 316071109	73,819.0830	1,210,005.71	1,552,415.32
FIDELITY TOTAL BOND FUND	Cusip: 31617K881	216,533.8770	2,072,823.08	2,035,418.44
MAINSTAY WINSLOW LARGE CAP GROWTH FUND CLASS I	Cusip: 56062X641	129,957.2450	1,428,695.78	1,538,693.78
T ROWE PRICE EQUITY INC FD	Cusip: 779547108	24,930.3260	843,506.61	863,586.49
VANGUARD 500 INDEX FD ADM	Cusip: 922908710	2,647.7100	1,167,570.36	1,437,071.08
VANGUARD MID-CAP INDEX FUND	Cusip: 922908645	4,102.0550	1,183,390.45	1,340,838.72
VANGUARD REAL ESTATE INDEX FUND ADMIRAL SHARES	Cusip: 921908877	8,558.9350	1,063,711.57	1,081,079.08
Total All Assets			21,029,383.43	21,821,847.57

* Denotes a party-in-interest as defined by ERISA.

SECTION V
AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

Shortfall Amortization Bases

<u>Description</u>	<u>Date Base Established</u>	<u>Initial Base</u>	<u>Initial Years</u>	<u>Remaining Years</u>	<u>Present Value of Remaining Payments</u>	<u>Amortization Amount</u>
2024 Shortfall	01/01/2024	\$ -203,170	15	15	\$ -203,170	\$ -18,484
2023 Shortfall	01/01/2023	3,234,140	15	14	3,103,273	296,185
2022 Shortfall	01/01/2022	526,728	15	13	<u>483,769</u>	<u>48,676</u>
Subtotal - Shortfall Bases					\$ 3,383,872	\$ 326,377
Total Amortization Bases					\$ 3,383,872	\$ 326,377