

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: OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN
1b Three-digit plan number (PN): 005
1c Effective date of plan: 06/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): THE OGILVY GROUP, LLC
2b Employer Identification Number (EIN): 13-2555496
2c Plan Sponsor's telephone number: 212-632-2451
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 2299 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 212  |
|   | <b>6a(2)</b>                               | 204  |
|   | <b>6b</b>                                  | 167  |
|   | <b>6c</b>                                  | 1832 |
|   | <b>6d</b>                                  | 2203 |
|   | <b>6e</b>                                  | 26   |
|   | <b>6f</b>                                  | 2229 |
|   | <b>6g(1)</b>                               |      |
| <b>6g(2)</b>  |  |      |
| <b>6h</b>   |  | 0    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C 1I 3H

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

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

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

|  |  |
|--|--|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>   |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                 |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)               |
| (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                    | (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)          |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)    |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                  |

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

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**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.

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**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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

▶ **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.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>OGILVY &amp; MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶   | <u>005</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE OGILVY GROUP, LLC</u>                                  | <b>D</b> Employer Identification Number (EIN)<br><u>13-2555496</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>177405917</u>          |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>189247903</u>          |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>154</u>                 | <u>15924803</u>           |
|          | <b>b</b> For terminated vested participants .....   | <u>1944</u>                | <u>131950181</u>          |
|          | <b>c</b> For active participants .....  | <u>212</u>                 | <u>16914079</u>           |
|          | <b>d</b> Total .....  | <u>2310</u>                | <u>164789063</u>          |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</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 ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | <u>5.15 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>800000</u>             |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>800000</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.

|                  |   |                     |  |
|------------------|---|---------------------|--|
| <b>SIGN HERE</b> |   | <u>10/01/2025</u>   |  |
|                  | Signature of actuary                                      | Date                |  |
|                  | <u>JAMES T. GORDON III</u>                                | <u>23-06176</u>     | Most recent enrollment number          |
|                  | Type or print name of actuary                             | <u>212-345-7224</u> | Telephone number (including area code) |
|                  | <u>MERCER</u>   |                     |  |
|                  | Firm name   |                     |  |
|                  | <u>1166 AVENUE OF THE AMERICAS<br/>NEW YORK, NY 10036</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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>9.12</u> % .....   | 0                     | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 0                      |
| <b>b(1)</b>  | 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>5.11</u> % ..... |                       | 0                      |
| <b>b(2)</b>  | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance .....   |                       | 0                      |
| <b>d</b>   | Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 114.84 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 114.84 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 116.17 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |   |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|---|
| (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 |   |
|   |                                |  |                       |                                |                              |   |
|   |                                |  |                       |                                |                              |   |
|   |                                |  |                       |                                |                              |   |
|   |                                |  |                       |                                |                              |   |
|   |                                |  |                       |                                |                              |   |
|   |                                |  |                       |                                |                              |   |
| <b>Totals ▶</b>                                       |                                |  | <b>18(b)</b>          | 0                              | <b>18(c)</b>                 | 0 |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|   |            |   |
|---|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

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

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

|   |  |   |  |
|---|--|---|--|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |   |  |
| <b>21</b> Discount rate:  |  |   |  |
| <b>a</b> Segment rates:   | 1st segment:<br>%                              | 2nd segment:<br>%   | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |  |   | <b>21b</b>   |
| <b>22</b> Weighted average retirement age .....                                   |  |   | <b>22</b> 61   |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                            |

|   |  |  |           |
|---|--|--|-----------|
| <b>Part VI Miscellaneous Items</b>  |  |  |           |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |           |
| <b>25</b> 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                                      |  |  |           |
| <b>26</b> Demographic and benefit information   |  |  |           |
| <b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                      |  |  |           |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....   |  |  | <b>27</b> |

|   |  |  |             |
|---|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    |  |  | <b>30</b> 0 |

|  |  |                     |                    |
|--|--|---------------------|--------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |  |                     |                    |
| <b>31</b> Target normal cost and excess assets (see instructions):   |  |                     |                    |
| <b>a</b> Target normal cost (line 6c) .....  |  |                     | <b>31a</b> 800000  |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |  |                     | <b>31b</b> 800000  |
| <b>32</b> Amortization installments:   |  | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....  |  | 0                   | 0                  |
| <b>b</b> Waiver amortization installment.....  |  | 0                   | 0                  |
| <b>33</b> 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 ..... |  |                     | <b>33</b>          |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |  |                     | <b>34</b> 0        |
|  |  | Carryover balance   | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   |  | 0                   | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |  |                     | <b>36</b> 0        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |  |                     | <b>37</b> 0        |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |  |                     |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |  |                     | <b>38a</b> 0       |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   |  |                     | <b>38b</b>         |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |  |                     | <b>39</b> 0        |
| <b>40</b> Unpaid minimum required contributions for all years .....  |  |                     | <b>40</b> 0        |

|  |  |  |  |
|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>  |  |  |  |
| <b>41</b> 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 checked="" type="checkbox"/> 2021 |  |  |  |

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>OGILVY &amp; MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶                            | <b>005</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE OGILVY GROUP, LLC</b>                 | <b>D</b> Employer Identification Number (EIN)<br><b>13-2555496</b> |            |

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

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

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

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

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

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

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

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**(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)

MERCER (US) LLC

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 14 17<br>38         | NONE  | 355331   | 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)

BLACKROCK INSTITUTIONAL TRUST CO,NA

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 50 51               | NONE  | 333666   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

DELEWARE CHARTER GUARANTEE & TRUST

42-1466678

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 21 50<br>60 63      | NONE  | 37800  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>OGILVY &amp; MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN)                              | <u>005</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>THE OGILVY GROUP, LLC</u>          | <b>D</b> Employer Identification Number (EIN)<br><u>13-2555496</u> |            |

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

|   |   |   |                 |
|---|---|---|-----------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>INTERMEDIATE GOVT BOND INDEX FUND</u>          |   |                 |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |   |                 |
| <b>c</b> EIN-PN <u>94-3118548-001</u>             | <b>d</b> Entity code <u>C</u>                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>52381587</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>LONG DUR CORP CREDIT SCR FUND</u>              |   |                 |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |   |                 |
| <b>c</b> EIN-PN <u>27-4520291-001</u>             | <b>d</b> Entity code <u>C</u>                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>82007767</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>LONG TERM GOVT BOND INDEX FUND</u>             |   |                 |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |   |                 |
| <b>c</b> EIN-PN <u>94-3118547-001</u>             | <b>d</b> Entity code <u>C</u>                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>14640263</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLACKROCK MSCI ACWI IMI INDEX FUND</u>         |   |                 |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |   |                 |
| <b>c</b> EIN-PN <u>33-6371938-001</u>             | <b>d</b> Entity code <u>C</u>                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>17835287</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>SHORT-TERM INVESTMENT FUND</u>                 |   |                 |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |   |                 |
| <b>c</b> EIN-PN <u>94-6450621-001</u>             | <b>d</b> Entity code <u>C</u>                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>31061</u>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>INTERMEDIATE TERM CREDIT BD INDX FND</u>       |   |                 |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |   |                 |
| <b>c</b> EIN-PN <u>94-3118549-001</u>             | <b>d</b> Entity code <u>C</u>                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>1566324</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>BLACKROCK MSCI EQUITY INDEX FUND-RU</u>        |   |                 |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |   |                 |
| <b>c</b> EIN-PN <u>86-1583137-001</u>             | <b>d</b> Entity code <u>C</u>                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>13</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)



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>      |  |
| <b>A</b> Name of plan<br><b>OGILVY &amp; MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>005</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE OGILVY GROUP, LLC</b>                 | <b>D</b> Employer Identification Number (EIN)<br><b>13-2555496</b> |

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

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

| <b>Assets</b>  | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b>   |
|--|------------------------------|--------------------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>                    |                          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                              |                          |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>                 |                          |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>                 |                          |
| <b>(3)</b> Other .....   | <b>1b(3)</b>                 | 52478      6473          |
| <b>c</b> General investments:  |                              |                          |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>                 | 12720489      2171615    |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>                 |                          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                              |                          |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>              |                          |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>              |                          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                              |                          |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>              |                          |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>              |                          |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>                 |                          |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>                 |                          |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>                 |                          |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>                 |                          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>                 | 164632950      168462302 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>                |                          |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>                |                          |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>                |                          |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>                |                          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>                |                          |
| <b>(15)</b> Other .....  | <b>1c(15)</b>                |                          |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 177405917             | 170640390       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 102664                | 120972          |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 102664                | 120972          |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 177303253             | 170519418       |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 211897     |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 211897    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 17697748   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 17697748   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            | 0         |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|   | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      | 2155494   |
| (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)     |           |
| <b>c</b> Other income .....   | 2c         | 8188      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d         | 2375579   |

**Expenses**

|   |        |         |
|---|--------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 8200418 |
| (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)  | 8200418 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |
| <b>h</b> Interest expense .....   | 2h     |         |
| <b>i</b> 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)  |         |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 333666  |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 27825   |
| (7) Actuarial fees .....  | 2i(7)  | 355331  |
| (8) Legal fees .....  | 2i(8)  |         |
| (9) Valuation/appraisal fees .....  | 2i(9)  |         |
| (10) Other trustee fees and expenses .....  | 2i(10) | 9975    |
| (11) Other expenses .....   | 2i(11) | 232199  |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) | 958996  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     | 9159414 |

**Net Income and Reconciliation**

|   |       |          |
|---|-------|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | -6783835 |
| <b>l</b> 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   |
|--|-----|----|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |          |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560970.

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>OGILVY &amp; MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶                            | <u>005</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE OGILVY GROUP, LLC</u>                 | <b>D</b> Employer Identification Number (EIN)<br><u>13-2555496</u> |            |

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

**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): 42-1466678

**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 |  | 67 |
|---|--|----|

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

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

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

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> |  |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 11.0 % Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: 88.0 %  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: 1.0 % 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 \_\_\_\_\_.

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Financial Statements

December 31, 2024 and 2023

## Independent Auditors' Report

### **The Plan Committee of the Ogilvy & Mather Account Balance Defined Benefit Continuation Pension Plan**

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

We have performed audits of the accompanying financial statements of Ogilvy & Mather Account Balance Defined Benefit Continuation 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 December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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.

**The Plan Committee of the  
Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**  
Page 3

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.

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

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

The supplemental schedules of: (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and (2) Schedule H, Part IV, 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.

**The Plan Committee of the  
Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Page 4

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 qualified institutions 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*

October 13, 2025

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Statements of Net Assets Available for Benefits

|                                   | December 31,          |                       |
|-----------------------------------|-----------------------|-----------------------|
|                                   | 2024                  | 2023                  |
| <b>ASSETS</b>                     |                       |                       |
| Investments, at Fair Value        |                       |                       |
| Mutual fund                       | \$ 2,171,615          | \$ 12,720,489         |
| Common/collective trusts          | <u>168,462,302</u>    | <u>164,632,950</u>    |
| Total Investments                 | 170,633,917           | 177,353,439           |
| Accrued income                    | <u>6,473</u>          | <u>52,478</u>         |
| Total Assets                      | 170,640,390           | 177,405,917           |
| <b>LIABILITIES</b>                |                       |                       |
| Accrued expenses                  | <u>120,972</u>        | <u>102,664</u>        |
| Net Assets Available for Benefits | <u>\$ 170,519,418</u> | <u>\$ 177,303,253</u> |

See notes to financial statements

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Statements of Changes in Net Assets Available for Benefits

|   | Year Ended December 31, |                       |
|---|-------------------------|-----------------------|
|   | 2024                    | 2023                  |
| <b>ADDITIONS</b>                              |                         |                       |
| Investment Income                             |                         |                       |
| Net appreciation in fair value of investments | \$ 2,163,682            | \$ 15,017,213         |
| Interest and dividends                        | <u>211,897</u>          | <u>458,162</u>        |
|   | 2,375,579               | 15,475,375            |
| Less investment expenses                      | <u>333,666</u>          | <u>395,811</u>        |
| Net Investment Income                         | <u>2,041,913</u>        | <u>15,079,564</u>     |
| <br><b>DEDUCTIONS</b>                         |                         |                       |
| Benefits paid to participants                 | 8,200,418               | 7,026,921             |
| Administrative expenses                       | <u>625,330</u>          | <u>691,072</u>        |
| Total Deductions                              | <u>8,825,748</u>        | <u>7,717,993</u>      |
| Net (Decrease) Increase                       | (6,783,835)             | 7,361,571             |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b>  |                         |                       |
| Beginning of year                             | <u>177,303,253</u>      | <u>169,941,682</u>    |
| End of year                                   | <u>\$ 170,519,418</u>   | <u>\$ 177,303,253</u> |

See notes to financial statements

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

**1. Description of Plan**

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

***General***

The Plan is a noncontributory defined benefit plan sponsored by Ogilvy Group, LLC (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was adopted on June 1, 2019, as a spin-off of the Ogilvy & Mather Account Balance Defined Benefit Pension Plan, which terminated on July 1, 2019. Certain participants of the terminated plan transferred to the Plan with their accrued benefit equal to the benefit they would have been entitled to receive immediately before the creation of the Plan. Benefit payments to these participants will continue to be paid from the Plan.

The Plan provides retirement and death benefits for certain participating employees of the Ogilvy Group, LLC and its affiliates who have adopted the Plan. The Plan is frozen for any service and benefit accruals and balances under the Plan will only accrue interest monthly.

***Participant Accounts***

Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated interest credits at the end of every month. There are no compensation credits or other benefit accruals.

***Eligibility and Vesting***

Eligible employees of the Plan are only those individuals who transferred from the terminated plan. No new employees or rehired employees are eligible to participate in the Plan. Participants are fully vested in their benefit that was transferred in from the terminated plan.

***Pension Benefits***

Benefits are determined based on the participant's hypothetical account balance. Each participant begins to receive retirement benefits from the Plan upon retirement. For Plan purposes, retirement is as follows:

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

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

**1. Description of Plan (*continued*)**

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

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

Effective August 1, 2025, the Plan was amended to allow active participants who have reached age 59 ½ to take in-service withdrawals.

**2. Summary of Significant Accounting Policies**

***Basis of Accounting***

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

***Use of Estimates***

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

***Fair Value Measurements***

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Pursuant to U.S. GAAP guidance, alternative investments where fair value is measured using the Net Asset Value (“NAV”) per share as a practical expedient are not categorized within the fair value hierarchy.

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

**2. Summary of Significant Accounting Policies *(continued)***

***Investment Valuation and Income Recognition***

All of the Plan's investments are stated at fair value. The mutual fund is valued at the daily closing price as reported by the fund. This fund is an open-end fund that is registered with the Securities and Exchange Commission and is deemed to be actively traded. The fund is required to publish its daily NAV and to transact at that price. The common/collective trusts are valued at the NAV of units held by the Plan. The NAVs, as provided by the trustees, are used as a practical expedient to estimate fair value. The NAVs are based on the fair value of the underlying investments held by the funds less their liabilities. The practical expedient is not used when it is determined to be probable that a fund will sell the investment for an amount different than the reported NAV.

Purchases and sales of securities are recorded on trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Payment of Benefits***

Benefit payments are recorded when paid.

***Administrative Expenses***

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

***Subsequent Events Evaluation by Management***

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 13, 2025.

**3. Information Certified (Unaudited)**

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

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

**4. Funding Policy**

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

**5. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (for reasons such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2024 is as follows:

|                |   |
|----------------|---|
| Mortality      | PRI-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and white collar adjustments applied, with future improvement using the MP-2021 projection scale. |
| Interest Rate  | 4.50% per annum   |
| Retirement Age | Earlier of (1) age 65 or (2) age 62 and the completion of 3 years of service, but no later than age 65  |

When compared to the prior year valuation, all assumptions remained unchanged except for the following: (1) the interest crediting rate assumption for the alternate account balance was updated from 4.25% to 4.65% and the frozen account balance was updated from 4.75% to 5.00%; and (2) for purposes of lump sums assumed to be paid prior to 2025, the basis used to convert legacy Ogilvy Public Relations Worldwide Cash Balance Pension Plan ("OPR") annuity benefits to lump sums reflects the actual mortality and interest rates published under Internal Revenue Code ("IRC") Section 417(e). For purposes of lump sums assumed to be paid after 2024, a generational version of the 2024 IRC 417(e) mortality table was used.

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

**5. Actuarial Present Value of Accumulated Plan Benefits (continued)**

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, 2023 and 2022, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31 are as follows:

|   | December 31,       |                    |
|---|--------------------|--------------------|
|   | 2023               | 2022               |
| Actuarial Present Value of Accumulated Plan Benefits              |                    |                    |
| Vested Benefits   |                    |                    |
| Active participants   | \$ 17,559,844      | \$ 17,240,987      |
| Inactive participants with deferred benefits                      | 139,211,305        | 136,291,004        |
| Inactive participants receiving benefits                          | 17,374,077         | 16,059,300         |
| <br>Total Actuarial Present Value of Accumulated<br>Plan Benefits | <br>\$ 174,145,226 | <br>\$ 169,591,291 |

The reconciliation of the changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023, is as follows:

|   |                    |
|---|--------------------|
| Actuarial Present Value of Accumulated Plan Benefits<br>as of December 31, 2022     | \$ 169,591,291     |
| Increase (decrease) during the year attributable to                                 |                    |
| Benefits accumulated and losses   | 492,609            |
| Increase for interest due to decrease in discount period                            | 7,460,327          |
| Benefits paid   | (7,026,921)        |
| Changes in actuarial assumptions  | 3,627,920          |
| Net Decrease  | 4,553,935          |
| <br>Actuarial Present Value of Accumulated Plan Benefits<br>as of December 31, 2023 | <br>\$ 174,145,226 |

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

**6. Investments**

The following are major categories of investment measured at fair value grouped by the fair value hierarchy as of December 31:

|                             | 2024                                |                |                |
|-----------------------------|-------------------------------------|----------------|----------------|
|                             | Other<br>Investments<br>Measured at |                |                |
|                             | Level 1                             | NAV *          | Total          |
| Mutual fund                 | \$ 2,171,615                        | \$ -           | \$ 2,171,615   |
| Common/collective trusts ** | -                                   | 168,462,302    | 168,462,302    |
| Total Investments           | \$ 2,171,615                        | \$ 168,462,302 | \$ 170,633,917 |
|                             | 2023                                |                |                |
|                             | Other<br>Investments<br>Measured at |                |                |
|                             | Level 1                             | NAV *          | Total          |
| Mutual fund                 | \$ 12,720,489                       | \$ -           | \$ 12,720,489  |
| Common/collective trusts ** | -                                   | 164,632,950    | 164,632,950    |
| Total Investments           | \$ 12,720,489                       | \$ 164,632,950 | \$ 177,353,439 |

(\*) As discussed in Note 2, investments that are measured using the practical expedient are not classified within the fair value hierarchy.

(\*\*) Includes common/collective trusts of \$168,461,228 from the BlackRock O&M Journey Management Continuation Fund and \$1,074 of 2 common/collective trusts to arrive at a total of \$168,462,302 at December 31, 2024 and common/collective trusts of \$164,632,748 from the BlackRock O&M Journey Management Continuation Fund and \$202 of 2 common/collective trusts to arrive at a total of \$164,632,950 at December 31, 2023.

The BlackRock O&M Journey Management Continuation Fund consists of the following investments at December 31:

|   | 2024           | 2023           |
|---|----------------|----------------|
| Common/Collective Trusts  |                |                |
| BlackRock Long Duration Corporate Credit Screened Non-Lendable Fund | \$ 82,010,940  | \$ 90,818,836  |
| BlackRock Intermediate Government Bond Index Fund                   | 52,381,587     | 42,640,489     |
| BlackRock MSCI ACWI IMI Index Fund                                  | 17,835,287     | 16,981,731     |
| BlackRock Long Term Government Bond Index Fund                      | 14,640,263     | 14,188,995     |
| BlackRock Intermediate Term Credit Bond Index Fund                  | 1,563,151      | -              |
| BlackRock Short-Term Investment Fund                                | 30,000         | 2,697          |
|   | \$ 168,461,228 | \$ 164,632,748 |

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

**6. Investments (continued)**

The BlackRock O&M Journey Management Continuation Fund (the “BJMCF”) is an investment option offered by the Plan. The Fund, which is managed by BlackRock Institutional Trust Company, N.A. (“BlackRock”), is comprised of common/collective trusts. The common/collective trusts invest primarily in other BlackRock common/collective trusts or in U.S. Fixed Income Series instruments. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the issuer reserves the right to temporarily delay withdrawal from the trusts in order to ensure that securities liquidations will be carried out in an orderly manner.

The investment strategy allocates funds between the growth portfolio and the LDI portfolio within the Plan. Both the growth portfolio and the LDI portfolio are made up of various common/collective trusts and are managed by BlackRock. The objective is to seek to achieve performance similar to the Plan’s liabilities by matching the interest rate sensitivity and credit spread sensitivity of the Plan’s value of assets to a percentage of the Plan’s present value of liabilities.

The following investments exceeded approximately 10% of net assets available for benefits at December 31:

|   | 2024          | 2023          |
|---|---------------|---------------|
| BlackRock Long Duration Corporate Credit Screened Non-Lendable Fund | \$ 82,010,940 | \$ 90,818,836 |
| BlackRock Intermediate Government Bond Index Fund                   | 52,381,587    | 42,640,489    |
| BlackRock MSCI ACWI IMI Index Fund                                  | 17,835,287    | *             |

(\*) Amount was less than 10% of net assets available for benefits.

**7. Common/Collective Trusts**

The Plan invests in the BlackRock Short-Term Investment Fund (the “BSTIF”) and the BlackRock MSCI Equity Index Fund-Russia (the “BMEIF”) (collectively, the “CCTs”). BSTIF primarily invests in high-quality, short-term instruments of domestic and foreign issues that are valued at the NAV of the short-term investment fund. BMEIF represents an immaterial amount after the fund has been liquidated. The CCTs are valued at fair value on each day that the CCTs are open for business in accordance with the valuation procedures established by the trustee. The value of units upon contribution to or redemption from the CCTs is based on the CCT’s unit value determined on that day. A unitholder’s ability to contribute to or redeem from the CCTs occurs on a daily basis. The CCTs do not have any unfunded commitments at December 31, 2024 and 2023.

**8. Parties-in-Interest Transactions**

Certain Plan investments are managed by BlackRock, the investment manager for the Plan. These transactions qualify as permitted party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

**9. Income Tax Status**

The Plan obtained its latest determination letter on February 14, 2020, in which the Internal Revenue Service (“IRS”) states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

**10. Plan Termination**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits are guaranteed at the level in effect on the date of the Plan’s termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees.

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Notes to Financial Statements  
December 31, 2024 and 2023

**10. Plan Termination (*continued*)**

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

**11. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

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

\* \* \* \* \*

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Supplemental Schedules

December 31, 2024

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Schedule Pursuant to Department of Labor Requirements  
December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-2555496  
Plan #: 005

| (a) | (b) Identity of Issue,<br>Borrower, Lessor or<br>Similar Party      | (c) Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | (d) Cost              | (e) Current<br>Value  |
|-----|---|--|-----------------------|-----------------------|
|     | <b>MUTUAL FUND</b>  | <b>SHARES / UNITS</b>  |                       |                       |
|     | Allspring Government Money Market Fund                              | 2,171,615  | <u>\$ 2,171,615</u>   | <u>\$ 2,171,615</u>   |
|     | <b>COMMON/COLLECTIVE TRUSTS</b>                                     |  |                       |                       |
| *   | BlackRock Long Duration Corporate Credit Screened Non-Lendable Fund | 4,487,199  | 84,165,239            | 82,007,767            |
| *   | BlackRock Intermediate Government Bond Index Fund                   | 1,121,486  | 51,526,837            | 52,381,587            |
| *   | BlackRock MSCI ACWI IMI Index Fund                                  | 501,366  | 10,324,520            | 17,835,287            |
| *   | BlackRock Long Term Government Bond Index Fund                      | 194,858  | 16,269,724            | 14,640,263            |
| *   | BlackRock Intermediate Term Credit Bond Index Fund                  | 24,260   | 1,497,130             | 1,566,324             |
| *   | BlackRock Short-Term Investment Fund                                | 31,061   | 31,061                | 31,061                |
| *   | BlackRock MSCI Equity Index Fund - Russia                           | 491  | <u>1</u>              | <u>13</u>             |
|     | Total Common/Collective Trusts                                      |  | <u>163,814,512</u>    | <u>168,462,302</u>    |
|     | Total Assets (Held at End of Year)                                  |  | <u>\$ 165,986,127</u> | <u>\$ 170,633,917</u> |

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

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Schedule Pursuant to Department of Labor Requirements  
Year Ended December 31, 2024

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 13-2555496

Plan #: 005

| (a) Identity of<br>Party Involved  | (b) Description of<br>Asset (Include Interest<br>Rate and Maturity<br>in Case of a Loan) | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred with<br>Transaction | (g) Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i) Net Gain<br>or (Loss) |
|--|--|-----------------------|----------------------|---------------------|---|----------------------|--|---------------------------|
| <b>Category (iii) - Transactions Involving Same Issue in Excess of 5% of Plan Assets</b> |  |                       |                      |                     |   |                      |  |                           |
| Principal Bank   | Allspring Government Money Market Fund   | \$ 6,648,872          | \$ -                 | \$ -                | \$ -  | \$ 6,648,872         | \$ 6,648,872   | \$ -                      |
| Principal Bank   | Allspring Government Money Market Fund   | -                     | 17,197,745           | -                   | -   | 17,197,745           | 17,197,745   | -                         |
| Principal Bank   | BlackRock O&M Journey Management Continuation Fund                                       | -                     | 6,827,000            | -                   | -   | 6,674,517            | 6,827,000  | 152,483                   |

There were no category (i), (ii), or (iv) reportable transactions.

**Schedule SB, line 26a — Schedule of Active Participant Data**

| Attained age | Years of credited service |     |     |        |       |       |       |       |       |         |
|--------------|---------------------------|-----|-----|--------|-------|-------|-------|-------|-------|---------|
|              | Under 1                   | 1-4 | 5-9 | 10-14  | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up |
| Under 25     |                           |     |     |        |       |       |       |       |       |         |
| 25-29        |                           |     |     |        |       |       |       |       |       |         |
| 30-34        |                           | 9   |     |        |       |       |       |       |       |         |
| 35-39        |                           | 9   | 6   |        |       |       |       |       |       |         |
| 40-44        |                           | 18  | 16  | 8      | 1     |       |       |       |       |         |
| 45-49        |                           | 4   | 9   | 23     | 9     |       |       |       |       |         |
|              |                           |     |     | 76,112 |       |       |       |       |       |         |
| 50-54        |                           | 6   | 7   | 13     | 15    | 2     | 1     |       |       |         |
| 55-59        |                           | 2   | 7   | 7      | 8     | 5     |       |       |       |         |
| 60-64        |                           | 2   | 1   | 4      | 6     | 2     | 3     | 1     | 1     |         |
| 65-69        |                           |     |     |        | 2     | 1     | 2     |       | 1     |         |
| 70 & up      |                           |     |     |        | 1     |       |       |       |       |         |

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

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

| <b>Economic assumptions</b>            |   |
|--|---|
| <b>Discount rate sponsor elections</b> |   |
| • Segment rates or full yield curve    | Full Yield Curve  |
| • PBGC method                          | Alternative, first elected for 2019 premium payment year  |
| <b>417(e) lump sums</b>                | For legacy OPR final average pay benefits, liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and a generational version of the prescribed unisex mortality. |
| <b>Cash balance plans</b>              |   |
| • Interest accumulation rate           | 5.00% for the “Frozen Account Balance;” and 4.65% for the “Alternate Account Balance”   |
| • Whipsaw calculations                 | No  |
| • Annuity conversion                   | Not applicable  |
| <b>Other economic assumptions</b>      |   |
| • Expected investment return           | 5.00% per year for 2023 and 4.75% for 2024  |
| • Expenses                             | \$800,000 added to current year normal cost   |

**Rationale for economic assumptions**

- **Cash balance interest accumulation rate** – The plan’s interest crediting rate is the greater of the yield on one-year Treasury bonds, or either 3% (Alternate Account Balance) or 4% (Frozen Account Balance) as described within the plan provisions. We have reviewed the average yield on the one-year Treasury bonds over the typical accumulation period based on Mercer Investment Consulting’s Capital Market Outlook. We have made allowance for the likelihood that the one-year Treasury Bond will exceed the aforementioned interest crediting rate floors in some years.
- **Expected investment return** – The expected rate of return on plan assets is based on a weighted average blend of the hypothetical performance of the plan’s target asset mix, which includes equity, debt, and cash, net of expected investment expenses. Mercer’s Portfolio Return Calculator was used to justify estimated return rates specific to each asset class.
- **Expenses** – Administrative expenses are assumed to be the same as the prior year actual expenses, adjusted for the expected change in PBGC premiums and any other significant anticipated changes. For this purpose, expected expenses are rounded up to the next \$5,000.

**Demographic assumptions**

- |                               |   |
|-------------------------------|---|
| • Mortality sponsor elections | Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables. These tables are based on the PRI-2012 mortality tables and projected with mortality improvement scale |
|-------------------------------|---|

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

|  |   |                            |
|--|---|----------------------------|
|  | MP-2021 (adjusted to approximate the effect of the COVID-19 pandemic and limited to 0.78% for any year after the valuation date).   |                            |
| • Withdrawal                                 | See table of sample rates   |                            |
| • Disability incidence                       | None  |                            |
| • Retirement age                             | <b>Attained age</b>   | <b>Percentage</b>          |
|  | Under 55  | 0.0%                       |
|  | 55  | 12.5%                      |
|  | 56  | 12.5%                      |
|  | 57  | 12.5%                      |
|  | 58  | 12.5%                      |
|  | 59  | 12.5%                      |
|  | 60  | 12.5%                      |
|  | 61  | 12.5%                      |
|  | 62  | 15.0%                      |
|  | 63  | 12.5%                      |
|  | 64  | 12.5%                      |
|  | 65  | 20.0%                      |
|  | 66  | 20.0%                      |
|  | 67  | 20.0%                      |
|  | 68  | 30.0%                      |
|  | 69  | 40.0%                      |
|  | 70 and above  | 100.0%                     |
| • Benefit commencement age for               |   |                            |
| – Future vested deferred                     | - 75% commence immediately<br>- Remaining 25% commence at age 62  |                            |
| – Current vested deferred                    | First year vested deferred participants:<br>- 15% commence immediately<br>- Remaining 85% commence at age 62<br><br>Remaining terminations (vested deferred status for more than one year): 100% commence at age 62 |                            |
| • Spouse assumptions                         | <b>Male participants</b>  | <b>Female participants</b> |
| – Percentage married                         | 100%  | 100%                       |
| – Spouse age difference                      | 3 years younger   | 3 years older              |
| • Form of payment                            | 100% of the participants are assumed to take a lump sum distribution  |                            |
| • Unpredictable contingent event assumptions | Not applicable  |                            |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Table of sample rates – Withdrawal percentages**

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

**Rationale for demographic assumptions**

- **Withdrawal** – This assumption is based on an experience study of the original plan covering the period from January 1, 2011, to December 31, 2015, and the expectation that future withdrawal patterns and circumstances of the employer will not differ significantly from the period and population studied.
- **Retirement age** – This assumption is based on an experience study of the original plan covering the period from January 1, 2011, to December 31, 2015, and the expectation that future retirement patterns and circumstances of the employer will not differ significantly from the period and population studied.
- **Benefit commencement age** – This assumption is based on an experience study of the original plan covering the period from January 1, 2011, to December 31, 2015. In order to incorporate the 2015 amendment that allowed commencement at any age, we relied on Mercer's experience with similar plans and the Ogilvy deferred vested cashout behavior, plus an annual review of relevant recent plan experience.
- **Form of payment** – 100% of participants are assumed to elect a lump sum of their cash balance account, based on experience that shows very few participants elect the actuarially equivalent annuity options.

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

### Actuarial Methods

#### Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

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

#### Participant methods

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

- **Participants included:** The plan sponsor and Mercer Retirement Administration (formerly Lifeworks) provide us with data that includes certain (former) employees as of the valuation date who never met the plan's eligibility requirements, but only those (former) employees who completed the plan's eligibility requirements, and still have a benefit payable from the plan, are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. Vested participants who terminated prior to the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

#### Minimum funding methods

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

A detailed description of the calculation follows:

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

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Schedule Pursuant to Department of Labor Requirements  
Year Ended December 31, 2024

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 13-2555496

Plan #: 005

| (a) Identity of<br>Party Involved  | (b) Description of<br>Asset (Include Interest<br>Rate and Maturity<br>in Case of a Loan) | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred with<br>Transaction | (g) Cost of<br>Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i) Net Gain<br>or (Loss) |
|--|--|-----------------------|----------------------|---------------------|---|----------------------|--|---------------------------|
| <b>Category (iii) - Transactions Involving Same Issue in Excess of 5% of Plan Assets</b> |  |                       |                      |                     |   |                      |  |                           |
| Principal Bank   | Allspring Government Money Market Fund   | \$ 6,648,872          | \$ -                 | \$ -                | \$ -  | \$ 6,648,872         | \$ 6,648,872   | \$ -                      |
| Principal Bank   | Allspring Government Money Market Fund   | -                     | 17,197,745           | -                   | -   | 17,197,745           | 17,197,745   | -                         |
| Principal Bank   | BlackRock O&M Journey Management Continuation Fund                                       | -                     | 6,827,000            | -                   | -   | 6,674,517            | 6,827,000  | 152,483                   |

There were no category (i), (ii), or (iv) reportable transactions.

|   |  |   |
|---|--|---|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

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

▶ **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.

|  |   |     |
|--|---|-----|
| <b>A</b> Name of plan<br>OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN | <b>B</b> Three-digit plan number (PN) ▶                     | 005 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THE OGILVY GROUP, LLC  | <b>D</b> Employer Identification Number (EIN)<br>13-2555496 |     |

**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

|                                |           |             |
|--------------------------------|-----------|-------------|
| <b>2</b> Assets:               |           |             |
| <b>a</b> Market value .....    | <b>2a</b> | 177,405,917 |
| <b>b</b> Actuarial value ..... | <b>2b</b> | 189,247,903 |

| <b>3</b> Funding target/participant count breakdown                         | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|----------------------------|---------------------------|--------------------------|
| <b>a</b> For retired participants and beneficiaries receiving payment ..... | 154                        | 15,924,803                | 15,924,803               |
| <b>b</b> For terminated vested participants .....                           | 1,944                      | 131,950,181               | 131,950,181              |
| <b>c</b> For active participants .....                                      | 212                        | 16,914,079                | 16,914,079               |
| <b>d</b> Total .....  | 2,310                      | 164,789,063               | 164,789,063              |

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

|   |           |  |
|---|-----------|--|
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b> |  |
| <b>b</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 ..... | <b>4b</b> |  |

**5** Effective interest rate ..... **5** 5.15%

|  |           |         |
|--|-----------|---------|
| <b>6</b> Target normal cost                                |           |         |
| <b>a</b> Present value of current plan year accruals ..... | <b>6a</b> | 0       |
| <b>b</b> Expected plan-related expenses .....              | <b>6b</b> | 800,000 |
| <b>c</b> Target normal cost .....                          | <b>6c</b> | 800,000 |

**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.

|                  |  |  |
|------------------|--|--|
| <b>SIGN HERE</b> | <u>JTG</u><br>Signature of actuary<br><br>JAMES T. GORDON III<br>Type or print name of actuary<br><br>MERCER<br>Firm name<br><br>1166 AVENUE OF THE AMERICAS<br>NEW YORK NY 10036<br>Address of the firm | <u>10/1/2025</u><br>Date<br><br>2306176<br>Most recent enrollment number<br><br>212-345-7224<br>Telephone number (including area code) |
|------------------|--|--|

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

| <b>Part II</b> |  | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|--|--|------------------------|
|                |  | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0  | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0  | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....   | 0  | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>9.12</u> % .....   | 0  | 0                      |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:   |  |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |  | 0                      |
|                | <b>b(1)</b> 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>5.11</u> % ..... |  | 0                      |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |  | 0                      |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |  | 0                      |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....  |  | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....  | 0  | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....   | 0  | 0                      |

| <b>Part III</b> |  | <b>Funding Percentages</b> |          |
|-----------------|--|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....   | <b>14</b>                  | 114.84 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....  | <b>15</b>                  | 114.84 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 116.17 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b>                  | %        |

| <b>Part IV</b>   |                                   | <b>Contributions and Liquidity Shortfalls</b> |                          |                                   |                                 |
|--|-----------------------------------|---|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |   |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)   | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
|  |                                   |   |                          |                                   |                                 |
| <b>Totals ▶</b>  |                                   |   | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|  |                                   |   |                          |                                   | 0                               |

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

|           |   |   |
|-----------|---|---|
| <b>20</b> | Quarterly contributions and liquidity shortfalls:   |   |
|           | <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|           | <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|           | <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                         |   |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

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

|   |  |   |                                     |  |
|---|--|---|-------------------------------------|--|
| <b>21</b> Discount rate:                        |  |   |                                     |  |
| <b>a</b> Segment rates:                         | 1st segment:<br>%                              | 2nd segment:<br>%   | 3rd segment:<br>%                   | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |  |   |                                     | <b>21b</b> 0   |
| <b>22</b> Weighted average retirement age ..... |  |   |                                     | <b>22</b> 61   |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |  |

**Part VI Miscellaneous Items**

|   |   |  |
|---|---|--|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>25</b> 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 |
| <b>26</b> Demographic and benefit information   |   |  |
| <b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                               |  |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|   |           |   |
|---|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....   | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|  |                     |                    |               |
|--|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....   | <b>31a</b>          | 800,000            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   | <b>31b</b>          | 800,000            |               |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....  | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....   | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....   | <b>34</b>           | 0                  |               |
|  | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....   | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|  |
|--|
| <b>41</b> 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 checked="" type="checkbox"/> 2021 |
|--|

Plan: Ogilvy & Mather Account Balance Defined Benefit Continuation Pension Plan

EIN/PN: 13-2555496/005

Valuation Date: 01/01/2024

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|---|------------|
| 2024      | 2,153,606           | 31,342,144                     | 1,753,940   | 35,249,690 |
| 2025      | 1,784,774           | 4,326,518                      | 1,637,061   | 7,748,352  |
| 2026      | 1,759,905           | 5,586,745                      | 1,466,287   | 8,812,937  |
| 2027      | 1,844,475           | 6,536,938                      | 1,416,058   | 9,797,472  |
| 2028      | 1,437,597           | 4,586,634                      | 1,295,919   | 7,320,149  |
| 2029      | 1,417,858           | 7,686,991                      | 1,266,462   | 10,371,310 |
| 2030      | 1,265,718           | 8,102,876                      | 1,233,641   | 10,602,235 |
| 2031      | 1,298,043           | 8,550,395                      | 1,149,554   | 10,997,992 |
| 2032      | 1,062,216           | 8,205,175                      | 1,106,744   | 10,374,136 |
| 2033      | 943,493             | 9,367,862                      | 1,055,645   | 11,366,999 |
| 2034      | 996,258             | 8,482,860                      | 1,003,851   | 10,482,968 |
| 2035      | 962,012             | 8,020,047                      | 962,665   | 9,944,724  |
| 2036      | 833,289             | 11,010,202                     | 919,766   | 12,763,258 |
| 2037      | 793,446             | 9,868,620                      | 875,225   | 11,537,291 |
| 2038      | 741,047             | 8,223,426                      | 829,131   | 9,793,604  |
| 2039      | 707,722             | 7,593,565                      | 781,623   | 9,082,911  |
| 2040      | 724,545             | 6,724,026                      | 732,895   | 8,181,465  |
| 2041      | 634,925             | 7,013,169                      | 683,219   | 8,331,313  |
| 2042      | 510,005             | 5,697,814                      | 632,943   | 6,840,762  |
| 2043      | 352,151             | 6,987,514                      | 582,488   | 7,922,153  |
| 2044      | 501,629             | 5,347,132                      | 532,337   | 6,381,098  |
| 2045      | 499,817             | 7,064,707                      | 482,994   | 8,047,518  |
| 2046      | 232,700             | 6,763,630                      | 434,976   | 7,431,306  |
| 2047      | 161,315             | 5,371,874                      | 388,772   | 5,921,961  |
| 2048      | 247,647             | 3,954,906                      | 344,834   | 4,547,387  |
| 2049      | 210,797             | 3,177,985                      | 303,557   | 3,692,339  |
| 2050      | 79,811              | 3,405,197                      | 265,263   | 3,750,271  |
| 2051      | 112,454             | 3,290,165                      | 230,203   | 3,632,821  |
| 2052      | 124,824             | 2,150,464                      | 198,523   | 2,473,812  |
| 2053      | 51,857              | 1,316,614                      | 170,272   | 1,538,743  |
| 2054      | 13,558              | 254,726                        | 145,398   | 413,682    |
| 2055      | 9,804               | 43,734                         | 123,760   | 177,298    |
| 2056      | 10,241              | 0                              | 105,159   | 115,400    |
| 2057      | 6,719               | 0                              | 89,338  | 96,058     |
| 2058      | 2,616               | 0                              | 76,004  | 78,620     |
| 2059      | 2,620               | 0                              | 64,853  | 67,473     |
| 2060      | 1,642               | 0                              | 55,578  | 57,220     |
| 2061      | 273                 | 0                              | 47,887  | 48,160     |
| 2062      | 0                   | 0                              | 41,510  | 41,510     |
| 2063      | 0                   | 0                              | 36,198  | 36,198     |
| 2064      | 0                   | 0                              | 31,731  | 31,731     |
| 2065      | 0                   | 0                              | 27,921  | 27,921     |
| 2066      | 0                   | 0                              | 24,611  | 24,611     |
| 2067      | 0                   | 0                              | 21,680  | 21,680     |
| 2068      | 0                   | 0                              | 19,047  | 19,047     |
| 2069      | 0                   | 0                              | 16,655  | 16,655     |
| 2070      | 0                   | 0                              | 14,466  | 14,466     |
| 2071      | 0                   | 0                              | 12,461  | 12,461     |
| 2072      | 0                   | 0                              | 10,630  | 10,630     |
| 2073      | 0                   | 0                              | 8,970   | 8,970      |

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

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

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

**Schedule SB, Part V — Summary of Plan Provisions**

|  |   |
|--|---|
| Effective date and plan year                     | Original plan: January 1, 1989 (restated January 1, 2017)<br>Continuation plan: June 1, 2019<br>Plan year: Calendar year  |
| Status of the plan                               | <p>As of June 1, 2019, Ogilvy spun off a portion of the assets and liabilities of the Ogilvy &amp; Mather Account Balance Defined Benefit Pension Plan (the "Former Plan") into a new plan with substantially the same provisions, the Ogilvy &amp; Mather Account Balance Defined Benefit Continuation Pension Plan (the "Continuation Plan"). The Former Plan was subsequently terminated effective July 1, 2019.</p> <p>During 2015, the Former Plan was amended to freeze all accruals as of December 31, 2016. Employees who were hired or rehired on or after July 1, 2014, were not eligible for additional accruals.</p> <p>As of December 31, 2010, the Ogilvy Public Relations Worldwide Cash Balance Pension Plan ("OPR") merged into the Ogilvy &amp; Mather Account Balance Defined Benefit Pension Plan (the "Former Plan"). Benefits accrued through December 31, 2010 for legacy OPR participants will be protected and administered in accordance with most of the OPR plan provisions (please see "Legacy OPR Plan Provisions" following this section for more detailed information). Starting on January 1, 2011, legacy OPR participants began accruing benefits under the legacy benefit formula within the Former Plan, with the exception of OPR grandfathered participants.</p> |
| Significant events that occurred during the year | None  |
| <b>Definitions</b>                               |   |
| • Eligibility                                    | <p>All employees of participating employers are eligible to participate following the completion of 12 consecutive months of service in which 1,000 hours of service is credited; however, employees who are hired or rehired after July 1, 2014, are not eligible to participate in the plan.</p> <p>Effective June 1, 2019, all participants of the Former Plan were spun off to the Continuation Plan, other than those who were subsequently paid out through lump sums or an annuity purchase pursuant to the termination of the Former Plan.</p>  |
| • Vesting  | <p>Participants shall become vested upon satisfying one of the following conditions:</p> <ol style="list-style-type: none"> <li>1) Participants who were members of the Profit Sharing Retirement Plan as of December 31, 1988 are 100% vested on January 1, 1989.</li> <li>2) Participants hired from January 1, 1986, through December 31, 1988 are 100% vested on the December 31 coincident with or following three years of service.</li> <li>3) Participants hired on or after January 1, 1989 are 100% vested immediately after attaining five years of service.</li> <li>4) Beginning on January 1, 2008, participants are 100% vested immediately after attaining three years of service.</li> </ol>   |

**Schedule SB, Part V — Summary of Plan Provisions**


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Participants are credited with vesting service for service provided to any employer of the WPP controlled group.

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- Pensionable earnings

A Participant's base pay, excluding overtime, bonuses, deferred compensation, severance pay and any other similar earnings. Eligible Compensation includes all 401(k) salary reduction contributions under the Company's 401(k) Plan. Eligible Compensation is limited to \$230,000 effective January 1, 2009.

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

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

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- Interest Credits

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

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

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**Schedule SB, Part V — Summary of Plan Provisions**

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

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

For plan years ending prior to January 1, 1997, interest credits determined above shall be credited annually as of the last day of the plan year to which the applicable interest credit relates.

For plan years beginning on or after January 1, 1997, interest credits determined above shall be credited as of the last day of the calendar month to which the applicable interest credit relates. For purposes of crediting interest monthly, each applicable annual rate of interest shall be converted into a corresponding monthly rate which, when compounded monthly, will yield the same amount of interest for the year.

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- **Compensation Credits**

An account is established for each Participant at the end of the plan year in which the Participant first becomes eligible. For each plan year ending prior to January 1, 1997, a Participant's Account Balance shall be credited as of the last day of such plan year with a compensation credit equal to 10% of his compensation for that plan year. Effective for plan years beginning on and after January 1, 1997, a Participant's Account shall be credited at the end of each calendar month with a Compensation Credit equal to 10% of his Compensation for that month.

Effective January 1, 2007, a participant in the former "141" group shall be credited at the end of each calendar month with a Compensation Credit equal to 10% of his Compensation for that month. Prior to January 1, 2007, a participant in the former "141" group was credited at the end of each calendar month with a Compensation Credit equal to 5% of his Compensation for that month (3% Compensation Credit before 2006).

Effective January 1, 2008, a participant in the former BEN marketing group shall be credited at the end of each calendar month with a Compensation Credit equal to 10% of his Compensation for that month. Prior to January 1, 2008, a participant in the former BEN marketing group was credited at the end of each calendar month with a Compensation Credit equal to 3% of his Compensation for that month.

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**Schedule SB, Part V — Summary of Plan Provisions**

Effective January 1, 2008, a participant in the Leopard group shall be credited at the end of each calendar month with a Compensation Credit equal to 5% of his Compensation for that month, plus Interest Credits for each month.

Effective January 1, 2014, a participant in the Leopard group shall be credited at the end of each calendar month with a Compensation Credit equal to 6% of his Compensation for that month, plus Interest Credits for each month.

Effective December 31, 2016, no additional Compensation Credits shall be credited.

**Normal retirement**

- Eligibility Age 65 or age 62 and vested.
- Benefit The monthly retirement benefit payable to a Participant at any retirement date is equal to the actuarial equivalent of his account balance as of his benefit commencement date.

**Early retirement**

- Eligibility Age 55 and vested or 20 years of vesting service.
- Benefit The monthly retirement benefit payable to a Participant at any retirement date is equal to the actuarial equivalent of his account balance as of his benefit commencement date.

**Late retirement**

- Eligibility After age 65
- Benefit Participants who work past Normal Retirement continue to earn benefits under the plan.

**Deferred vested**

- Eligibility Vested
- Benefit Upon termination of employment, a vested Participant may elect to receive a benefit which is the actuarial equivalent of his account balance, or the participant may elect to defer receipt of the benefit.

**Disability**

- Eligibility A Participant is fully vested upon permanent disability.
- Benefit Upon permanent disability, a Participant may elect to receive a benefit which is the actuarial equivalent of his account balance.

**Pre-retirement death**

- Eligibility A Participant's account becomes fully vested upon death.
- Benefit A beneficiary may elect within one year of the Participant's death to receive an immediate benefit which is the actuarial equivalent of the Participant's account balance or the beneficiary may elect to defer receipt of the benefit.

**Unpredictable contingent event benefits**

None

**Form of benefits**

- Automatic form for unmarried participants Single life annuity
- Automatic form for married participants Qualified 50% joint & survivor annuity

**Schedule SB, Part V — Summary of Plan Provisions**

|                         |   |
|-------------------------|---|
| • Optional forms        | <ul style="list-style-type: none"> <li>a) Lump sum distribution</li> <li>b) Life annuity</li> <li>c) 50% joint and survivor annuity</li> <li>d) 75% joint and survivor annuity</li> <li>e) 100% joint and survivor annuity</li> <li>f) An annuity for a certain number of years (not to exceed 10)</li> <li>g) Life annuity with 10 years guaranteed</li> </ul>                         |
| • Actuarial equivalence | <p><u>Annual rate of interest</u>: The applicable interest rates prescribed under Section 417(e)(3) of the Code by the Commissioner of the Internal Revenue Service for the November of the year prior to commencement.</p> <p><u>Mortality</u>: The applicable mortality table prescribed under Section 417(e)(3) of the Code by the Commissioner of the Internal Revenue Service.</p> |

**Miscellaneous**

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

**LEGACY OPR PLAN PROVISIONS THROUGH DECEMBER 31, 2010****Definitions**

|                                  |   |
|----------------------------------|---|
| • Eligibility for Membership     | All Employees are eligible to participate in the plan commencing on the January 1 or the July 1 following the completion of either six consecutive months of full-time employment or one Year of Service. A Year of Service is the first twelve months of employment or any subsequent plan year during which an Employee is paid for 1,000 or more hours.  |
| • Compensation                   | Regular salary or wages including bonus, overtime and commissions but excluding moving and relocation expenses, imputed income from group life insurance and executive long term disability benefits, payments related to the exercise of stock options, and other irregular or non-recurring forms of compensation. In no event will compensation be used in excess of the compensation limit defined by Section 401(a)(17) of the Internal Revenue Code. Effective December 31, 2016, the plan was amended to freeze all future accruals and thus compensation is no longer applicable after this date. |
| • Five Year Average Compensation | Compensation averaged over the five consecutive Years of Vesting Service which produce the highest average.   |

**Normal Retirement**

|               |  |
|---------------|--|
| • Eligibility | Later of the attainment of age 65 or the fifth anniversary of the date of participation. |
|---------------|--|

**Schedule SB, Part V — Summary of Plan Provisions**

- 
- **Retirement Benefit** Calculated under (A), (B) or (C), whichever is applicable:
    - (A) For a Participant who is credited with one Hour of Service on or after January 1, 2002 and who is an active Employee of the Company and who has 5 or more Years of Vesting Service on January 1, 2002, an amount equal to the sum of the Participant's Retirement Account Balance and his Prior Plan Accrued Benefit but not less than his Grandfathered Accrued Benefit.
    - (B) For a Participant who is credited with one Hour of Service on or after January 1, 2002 and who is an active Employee of the Company and who has less than 5 Years of Vesting Service on January 1, 2002, an amount equal to the sum of the Participant's Retirement Account Balance and his Prior Plan Accrued Benefit.
    - (C) For a Participant who was not credited with one Hour of Service on or after January 1, 2002, an amount equal to his Prior Plan Accrued Benefit.
- 
- **Retirement Account Balance** The sum of the Pay Credits and Interest Credits allocated to the Participant's Retirement Account, as follows:
 

Pay Credit:  
An annual allocation of 4% of Compensation will be credited to the Participant's Retirement Account as of the last day of each Plan Year beginning on or after January 1, 2002.

Interest Credits:  
As of the last day of each Plan Year beginning on or after January 1, 2002, an annual Interest Credit will be paid equal to the lesser of i) 8% and ii) the average rate for ten-year U.S. Treasury bills for the month of November of the previous plan year. Interest Credits are earned until the account is distributed.

The benefit payable will be the annuity equivalent of the Retirement Account Balance at date of determination based on mortality as designated by IRC Section 417(e) and PPA segment interest rates for lump sums for the month of November of the previous Plan Year.
- 
- **Grandfathered Accrued Benefit** For participants that had 5 years of service as of January 1, 2002; an annual amount equal to the greater of the Regular Benefit and the Minimum Benefit, as determined below:
 

Regular Benefit:  
[(2% of Five Year Average Compensation) - (0.65% Social Security Covered Compensation)] x [Years of Benefit Service (up to a maximum of 25)]

Minimum Benefit (for employees hired before 1/1/1997):  
The greater of (A) or (B) below:  
(A) [3% of Five Year Average Compensation] x [Years of Benefit Service (up to 10) completed before 1/1/1997]
-

**Schedule SB, Part V — Summary of Plan Provisions**

(B) [(2.5% of Five Year Average Compensation) - (.65% Social Security Covered Compensation)] x [Years of Benefit Service (up to a maximum of 20)]

- **Prior Plan Accrued Benefit** An annual amount calculated in the manner of the Grandfathered Accrued Benefit as if the Participant had terminated employment on December 31, 2001 or, if earlier, on the date his employment actually terminated.

**Pension Benefits at Early Retirement**

- **Eligibility** The third anniversary of the date of participation.
- **Retirement Benefit** The same as the benefits payable for Normal Retirement, with the Grandfathered Accrued Benefit and the Prior Plan Accrued Benefit reduced for commencement of benefits prior to the Participant's Normal Retirement Date. Both benefits shall be reduced 5/9% for each of the first 60 months that the Participant's Early Retirement Date precedes his or her Normal Retirement Date and 5/18% for the next 120 months that the Participant's Early Retirement Date precedes his or her Normal Retirement Date, and thereafter on the basis of mortality determined in accordance with the UP-1984 Table and 8% interest.

- **Disability Benefit** Upon the termination of a Participant's employment as the result of a physical or mental disability, the participant shall have a 100% nonforfeitable right to his Retirement Account Balance and shall be entitled to the actuarial equivalent of the Prior Plan Accrued Benefit.

**Vested Benefits**

- **Eligibility** All Participants who terminate after completing three Years of Vesting Service.
- **Benefit** Same as for Early Retirement.

**Pre-Retirement Death Benefit**

- **Eligibility** All Participants who die after completing three Years of Vesting Service.
- **Benefit**

Married Participants:

If the Participant was credited with an Hour of Service on or after January 1, 2002, the surviving spouse shall receive an annuity for life equal to the greater of (A) and (B) below, where:

(A) is the sum of i) the Prior Plan Accrued Benefit calculated as of the day prior to the death of the participant in the form of a 50% joint and survivor annuity; and ii) an annuity payable for the life of the spouse that is the actuarial equivalent of the participant's Retirement Account Balance; and

(B) is the amount which would have been payable to the spouse had the participant terminated employment on the day prior to death and had commenced receiving his Grandfathered Accrued Benefit in the form of a 50% joint and survivor annuity.

If the Participant was not credited with an Hour of Service on or after January 1, 2002, his spouse shall receive an amount equal to that which would have been payable had the participant terminated employment on the day prior to death, survived to age 50 (or age at death, if later), and commenced receiving

**Schedule SB, Part V — Summary of Plan Provisions**

|   |  |
|---|--|
|   | the Grandfathered Accrued Benefit in the form of a 50% joint and survivor annuity.   |
|   | <u>Unmarried Participants:</u><br>If the Participant was not married at death, the designated beneficiary shall be entitled to the lump sum equal to the Participant's Retirement Account Balance.                             |
| <b>Post-Retirement Death Benefit</b>        | As provided by the normal form of benefit or by the election of an optional form of benefit.   |
| <b>Form of Benefits</b>                     |  |
| • Automatic form for unmarried participants | Single life annuity  |
| • Automatic form for married participants   | 50% joint and survivor annuity   |
| • Optional Forms                            | a) Lump sum distributions<br>b) 50% joint and survivor annuity<br>c) 66 2/3% joint and survivor annuity<br>d) 75% joint and survivor annuity<br>e) 100% joint and survivor annuity<br>f) Life annuity with 10 years guaranteed |

**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2024, are included in this valuation:

- **Most recent plan amendments included:** All amendments adopted through December 31, 2023.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - Cash balance participants over normal retirement age are valued with continued interest credits.
  - Legacy OPR participants over normal retirement age are valued including late retirement actuarial increases on their final average pay benefit, if any, and continued interest credits on their cash balance benefit.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations, as applicable.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Schedule SB, Part V — Summary of Plan Provisions****Plan provisions specific to funding****Additional benefits included or excluded**

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

**Plan provision changes since prior valuation**

None

**Ogilvy & Mather Account Balance  
Defined Benefit Continuation Pension Plan**

Schedule Pursuant to Department of Labor Requirements  
December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-2555496  
Plan #: 005

| (a) | (b) Identity of Issue,<br>Borrower, Lessor or<br>Similar Party      | (c) Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | (d) Cost              | (e) Current<br>Value  |
|-----|---|--|-----------------------|-----------------------|
|     | <b>MUTUAL FUND</b>  | <b>SHARES / UNITS</b>  |                       |                       |
|     | Allspring Government Money Market Fund                              | 2,171,615  | <u>\$ 2,171,615</u>   | <u>\$ 2,171,615</u>   |
|     | <b>COMMON/COLLECTIVE TRUSTS</b>                                     |  |                       |                       |
| *   | BlackRock Long Duration Corporate Credit Screened Non-Lendable Fund | 4,487,199  | 84,165,239            | 82,007,767            |
| *   | BlackRock Intermediate Government Bond Index Fund                   | 1,121,486  | 51,526,837            | 52,381,587            |
| *   | BlackRock MSCI ACWI IMI Index Fund                                  | 501,366  | 10,324,520            | 17,835,287            |
| *   | BlackRock Long Term Government Bond Index Fund                      | 194,858  | 16,269,724            | 14,640,263            |
| *   | BlackRock Intermediate Term Credit Bond Index Fund                  | 24,260   | 1,497,130             | 1,566,324             |
| *   | BlackRock Short-Term Investment Fund                                | 31,061   | 31,061                | 31,061                |
| *   | BlackRock MSCI Equity Index Fund - Russia                           | 491  | <u>1</u>              | <u>13</u>             |
|     | Total Common/Collective Trusts                                      |  | <u>163,814,512</u>    | <u>168,462,302</u>    |
|     | Total Assets (Held at End of Year)                                  |  | <u>\$ 165,986,127</u> | <u>\$ 170,633,917</u> |

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

Schedule SB, line 24 — Change in Actuarial Assumptions

- The interest crediting rate assumption for the Alternate Account Balance was updated from 4.25% to 4.65% and the Frozen Account Balance was updated from 4.75% to 5.00%.
- The expected investment return was increased from 3.00% for 2022 to 5.00% for 2023.
- Administrative expenses are generally assumed to be the same as the prior year actual expenses adjusted for any significant anticipated changes, including in PBGC premiums and estimated trust payable vendor fees. The resulting administrative expense assumption for 2024 is \$800,000.