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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
BCOM3 CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1990

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

RE SOURCES USA

35 WEST WACKER DRIVE
CHICAGO, IL 60601

2b Employer Identification Number (EIN) 36-2677628

2c Plan Sponsor's telephone number 800-933-3622

2d Business code (see instructions) 541800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	GWEN GATHERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ADMINISTRATIVE COMMITTEE
RE SOURCES USA
BENEFITS DEPARTMENT
35 WEST WACKER DRIVE
CHICAGO, IL 60601

3b Administrator's EIN: 36-2677628

3c Administrator's telephone number: 800-933-3622

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2252
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	360
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	330
b	Retired or separated participants receiving benefits	**6b**	797
c	Other retired or separated participants entitled to future benefits	**6c**	954
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2081
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	99
f	Total. Add lines **6d** and **6e**.	**6f**	2180
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
BCOM3 CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MMS USA HOLDINGS, INC.

D Employer Identification Number (EIN)
36-2677628

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	134513727
b Actuarial value	**2b**	133326202

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	870	56738836	56738836
b For terminated vested participants	1022	46933016	46933016
c For active participants	360	31022205	31031182
d Total	2252	134694057	134703034

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1000000
c Target normal cost	**6c**	1000000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/03/2026
Date

DITAH RIMER
Type or print name of actuary

23-05562
Most recent enrollment number

AON CONSULTING, INC.
Firm name

212-441-2000
Telephone number (including area code)

MSC# 17837, AON, PO BOX 6718
SOMERSET, NJ 08875

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6972751
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	6972751
10	Interest on line 9 using prior year's actual return of 4.93 %	0	343757
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.02 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7316508

Part III Funding Percentages

14	Funding target attainment percentage	14	93.54 %
15	Adjusted funding target attainment percentage	15	93.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1000000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8693340	810571
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1810571

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1810571	1810571

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

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

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BCOM3 CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MMS USA HOLDINGS, INC.

D Employer Identification Number (EIN)
36-2677628

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).. . . . . [X] 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

STATE STREET GLOBAL ADVISORS

81-4017137

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

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

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

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

TELUS HEALTH

13-2781641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 64	NONE	288858	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING, INC. (NJ)

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	245232	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON INVESTMENTS USA INC.

52-1883918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	181195	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NORTHERN TRUST COMPANY

13-5521910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	51281	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	32596	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MITCHELL & TITUS, LLP

47-3430297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NEUBERGER & BERMAN

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	11239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BCOM3 CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MMS USA HOLDINGS, INC.

D Employer Identification Number (EIN)
36-2677628

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AON COLLECTIVE INVESTMENT FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

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)
37-6543784-044	C	7790108

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL ALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK

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)
36-2677628-232	C	15917879

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT-TERM INVESTMENT FD

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

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)
45-6138589-084	C	4072925

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

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-007	C	25109342

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT INTER CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2436452-008	C	13165530

a Name of MTIA, CCT, PSA, or 103-12 IE: ENHANCED LIABILITY DRIVEN INVESTING

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

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)
37-6543784-048	C	19153319

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

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

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)
37-6543784-043	C	9348743

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

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.

c EIN-PN 37-6543784-042	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8056194

a Name of MTIA, CCT, PSA, or 103-12 IE: AON MID DURATION LONG CREDIT BD FND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-039	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30525139

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BCOM3 CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MMS USA HOLDINGS, INC.

D Employer Identification Number (EIN)
36-2677628

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1525398	511968
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	134756801	133139180
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	136282199	133651148
Liabilities			
1g Benefit claims payable	1g	230	252073
1h Operating payables	1h	257430	101727
1i Acquisition indebtedness	1i	1500000	500000
1j Other liabilities	1j	10812	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1768472	853800
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	134513727	132797348

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12949022
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-19703
d Total income. Add all **income** amounts in column (b) and enter total	2d		12929319
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13245591	
(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)		13245591
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	288858	
(4) IQPA audit fees	2i(4)	26500	
(5) Investment advisory and investment management fees	2i(5)	192434	
(6) Bank or trust company trustee/custodial fees	2i(6)	51281	
(7) Actuarial fees	2i(7)	86843	
(8) Legal fees	2i(8)	3000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	751191	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1400107
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14645698
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1716379
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: MITCHELL & TITUS LLP **(2)** EIN: 13-2781641

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 598859.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BCOM3 CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MMS USA HOLDINGS, INC.

D Employer Identification Number (EIN)
36-2677628

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 52-1883918

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 | 60

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 18.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 75.0 %
High-Yield Debt: 4.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 0.0 %

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_____.

BCOM3 CASH BALANCE PLAN

Financial Statements and Supplemental Schedules
As of and For the Years Ended December 31, 2025 and 2024
With Independent Auditor's Report



MITCHELL TITUS
ACHIEVING EXCELLENCE TOGETHER

BCOM3 CASH BALANCE PLAN
Financial Statements and Supplemental Schedules
As of and For the Years Ended December 31, 2025 and 2024

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

MITCHELL TITUS

INDEPENDENT AUDITOR'S REPORT

BCom3 Management Corporation
Plan Investment Committee

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

We have performed audits of the financial statements of the BCom3 Cash Balance 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, 2025 and 2024, 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 (qualified institution).

Management has obtained certifications from Northern Trust Company, the custodian of the Plan and a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 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 that the financial statements available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

MITCHELL TITUS

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025 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, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

Mitchell & Titus, LLP

October 5, 2026

BCOM3 CASH BALANCE PLAN
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Common/collective trust funds	$ 133,139,180	$ 134,756,801
Receivables		
Pending trades	500,000	1,510,812
Accrued income	11,968	14,586
Total receivables	511,968	1,525,398
Total assets	133,651,148	136,282,199
LIABILITIES		
Accrued expenses	101,727	257,430
Other payables	500,000	1,510,812
Total liabilities	601,727	1,768,242
Net assets available for benefits	$ 133,049,421	$ 134,513,957

The accompanying notes are an integral part of these financial statements.

BCOM3 CASH BALANCE PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS		
Net realized and unrealized appreciation in fair value of investments	$ 12,807,698	$ 6,679,380
Interest income	141,324	171,952
Total addition	12,949,022	6,851,332
DEDUCTIONS FROM NET ASSETS		
Benefit payments	12,993,748	10,314,153
Administrative fees	1,419,810	1,774,199
Total deductions	14,413,558	12,088,352
Net decrease	(1,464,536)	(5,237,020)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	134,513,957	139,750,977
End of year	$ 133,049,421	$ 134,513,957

The accompanying notes are an integral part of these financial statements.

NOTE 1 PLAN DESCRIPTION

The following description of the Bcom3 Cash Balance Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

Preamble

Effective January 1, 1968, Leo Burnett U.S.A., Inc. (Leo Burnett), a Delaware wholly owned subsidiary of Bcom3 Group, Inc., established the Burnett Pension Plan (the Burnett Pension Plan) to benefit its eligible employees and those of any employer who adopted such plan, with the consent of Leo Burnett. Effective January 1, 1990, D'Arcy Masius Benton & Bowles U.S.A., Inc. adopted a retirement plan to benefit its eligible employees and, effective June 1, 1997, such plan was renamed the MacManus Group, Inc. Retirement Plan (the MacManus Retirement Plan) and its sponsorship was transferred to the MacManus Group. Effective December 31, 2001, the Burnett Pension Plan merged into the MacManus Retirement Plan, which was subsequently amended and restated, effective January 1, 2002, as the Plan sponsored by Bcom3 Management Corporation. In September 2002, Publicis Groupe S.A. acquired Bcom3 Management Corporation. Effective July 1, 2004, Plan sponsorship transferred to MMS USA Holdings, Inc. (formerly known as Philadelphia Merger Corporation; the Company).

General

The Plan, a non-contributory, cash balance defined benefit pension plan, provides for retirement, death, and disability benefits. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Effective April 1, 2004, the Plan was frozen and there will not be any new participants. Effective April 1, 2009, the Plan was frozen for future benefit accruals.

Plan Administrator

The Company's chief executive officer appointed a committee as the designated Plan administrator to be responsible for the Plan's administration. As the Plan administrator, the committee has full discretion in interpreting and administering the provisions of the Plan as well as additional powers, rights, and duties. Northern Trust Company (Trustee) is the trustee of the Plan.

NOTE 1 PLAN DESCRIPTION *(continued)*

Eligibility

The Plan covers substantially all of the Company's employees hired prior to April 1, 2004, except employees covered by a current effective collective bargaining agreement between their employer and their collective bargaining representative, which does not provide for their participation in the Plan. All participants of the Plan immediately prior to January 1, 2002, became participants in the Plan on January 1, 2002. All other eligible employees become Plan participants on the later of January 1, 2002, or their first day of employment. Hourly employees who did not participate in the Plan prior to the Plan merger become participants after completing 1,000 hours of service during the 12 consecutive months beginning on their first date of employment and each Plan year thereafter.

Cash Balance Account

A notional account is established and maintained for each participant. It is credited with an opening balance credit (if applicable), pay credits, supplemental pay credits (if applicable), and interest credits. Effective April 1, 2009, pay credits and supplemental pay credits were frozen.

Accrued Benefits

A participant who retires on his or her normal retirement date is entitled to a single-life annuity, commencing on the first day of the month coinciding with or following the date of retirement, equal to the sum of (i) and (ii) below:

(i) The greater of:

1. The participant's prior plan accrued benefit in the form of a single-life annuity commencing at the participant's normal retirement date, or
2. The single-life annuity payable on the participant's normal retirement date that is the actuarial equivalent of the participant's opening balance credit and interest credits thereon, and

(ii) A single-life annuity payable on the participant's normal retirement date that is the actuarial equivalent of the participant's cash balance account (excluding the opening balance credit and interest credits thereon).

Normal Retirement

A participant may elect to receive his or her benefit in the normal form of payment or any of the optional forms of payment at normal retirement age (65).

NOTE 1 PLAN DESCRIPTION *(continued)*

Normal Form of Payment

The normal form of payment for an unmarried and married participant is a life annuity and a 100% joint and survivor annuity, respectively. Prior to January 1, 2008, the normal form of payment for a married participant was a 50% joint and survivor annuity.

Optional Forms of Payment

Subject to spousal consent, a participant may elect to receive a distribution of his or her benefits in one of the following optional forms of payment:

- Life annuity
- 50% or 100% joint and survivor annuity
- Five-, 10-, or 15-year certain and life annuity
- Lump-sum distribution

Vested Benefit

A participant is 100% vested in his or her accrued benefit under the Plan after he or she has completed three years of service or attained normal retirement age (or age 50 for a participant who participated in the Burnett Pension Plan on December 31, 2001), or if he or she has terminated employment because of death or disability. Prior to January 1, 2008, a participant was 100% vested in his or her accrued benefit under the Plan after he or she completed five years of service.

Funding

The Company's funding policy is to contribute such amounts as determined by the actuary of the Plan as necessary to satisfy the funding standards established under ERISA, as amended. The Company has the right, but is not obligated, to contribute additional amounts as deemed necessary. For the 2025 and 2024 Plan years, the minimum funding requirement of ERISA, as determined by the actuary, has been met.

Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, consisting primarily of Trustee fees, investment management fees, investment consultant fees, audit and attorney fees, Pension Benefit Guaranty Corporation (PBGC) fees, and record-keeper and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. The Company pays for all other administrative expenses on behalf of the Plan.

NOTE 1 PLAN DESCRIPTION *(continued)*

Plan Termination

Although it has not expressed such intent, the Company reserves the right under the Plan to discontinue its contributions at any time and terminate the Plan, subject to the provisions of ERISA. Upon termination, the Plan's net assets will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations, and the Plan document.

Whether all participants receive their benefits should the Plan terminate will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by PBGC, as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded upon distribution.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (*i.e.*, an exit price). See Note 4 for further discussion and disclosures of fair value measurements.

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

Investment Valuation and Income Recognition *(continued)*

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought, sold, and held during the year.

In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (Codification, or ASC) 820, *Fair Value Measurements and Disclosures*, assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

Level 1: Fair value is based on unadjusted quoted prices for identical assets in an active market that the Plan can access at the measurement date.

Level 2: Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the assets or liabilities, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3: Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees at the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits are based on the cash balance accounts or the transition benefits for certain employees. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered at the valuation date.

NOTE 3 ACCUMULATED PLAN BENEFITS

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount resulting from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefits information as of January 1, 2025 and 2024, was as follows:

	January 1, 2025	January 1, 2024
Actuarial present value of accumulated plan benefits		
Vested benefit		
Participants currently receiving benefits	$ 54,327,872	$ 56,803,217
Other participants	74,755,822	81,653,034
Total vested benefits	129,083,694	138,456,251
Non-vested benefits	8,603	65,379
Total actuarial present value of accumulated plan benefits	$ 129,092,297	$ 138,521,630

The changes in accumulated plan benefits for the years ended January 1, 2025 and 2024, were as follows:

	January 1, 2025	January 1, 2024
Actuarial present value of accumulated plan benefits beginning of year	$ 138,521,630	$ 135,570,113
(Decrease) increase during the year attributed to		
Interest accumulation	7,343,153	7,849,477
Benefits paid	(10,155,429)	(9,631,276)
Changes in assumptions	(5,530,534)	4,975,163
Other changes[(a)]	(1,086,523)	(241,847)
Net increase (decrease)	(9,429,333)	2,951,517
Actuarial present value of accumulated plan benefits, end of year	$ 129,092,297	$ 138,521,630

[(a)] Other changes consist of changes not associated with the Plan's asset performance.

NOTE 3 ACCUMULATED PLAN BENEFITS *(continued)*

Significant assumptions underlying the actuarial valuations are as follows:

Interest discount rate	5.50% for 2024 and 6.00% for 2025
Retirement rate	The rates vary between legacy groups and also vary by current active participant vs. current terminated vested participant. The rates range from 5% at age 55 to 100% at age 70.
Mortality rate	Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021.

These actuarial assumptions are based on the presumption that the Plan continues. Should the Plan terminate, different actuarial assumptions and other factors might be used to determine the actuarial present value of accumulated plan benefits.

NOTE 4 FAIR VALUE MEASUREMENTS

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Common/collective trust funds: Valued at the net asset value (NAV) of shares held by the Plan at year end or valued at the NAV per unit on the valuation date.

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

NOTE 4 FAIR VALUE MEASUREMENTS *(continued)*

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Assets at Fair Value as of December 31,	
	2025	**2024**
Investments measured at NAV		
Common/collective trust funds[(a)]	$ 133,139,180	$ 134,756,801
Total assets, at fair value	$ 133,139,180	$ 134,756,801

[(a)] These funds offer a range of risk/return characteristics and performance goals are to consistently outperform benchmarks, other funds, or certain indexes. Redemptions occur at NAV by contract. The fair value of these funds has been estimated using the NAV per share and these funds have not been classified in the fair value hierarchy in accordance with ASC 820-10.

NOTE 5 INVESTMENTS

The Plan's investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest, and dividends for the years then ended, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by the Plan's Trustee.

NOTE 6 TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated June 25, 2010, and a subsequent letter, dated February 19, 2015, which stated that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires the Plan's management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more-likely-than-not, based on the technical merits, to be sustained upon the IRS's examination. The Plan's management has analyzed its tax positions, and concluded that as of December 31, 2025, there were no uncertain tax positions taken or are expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Plan is no longer subject to income tax examinations for years prior to 2022.

NOTE 7 RELATED-PARTY TRANSACTIONS

Certain of the Plan's assets are invested in funds managed by its Trustee and its investment advisor. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

NOTE 8 RISKS AND UNCERTAINTIES

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

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

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	December 31, 2025	December 31, 2024
Net assets available for benefits per the financial statements	$ 133,049,421	$ 134,513,957
Benefits payable	(252,073)	(230)
Net assets available for benefits per Form 5500	$ 132,797,348	$ 134,513,727

The following is a reconciliation of the benefit payments per the financial statements to Form 5500 for the year ended December 31, 2025:

Benefit payments per the financial statements	$ 12,993,748
Add: Benefits payable as of December 31, 2025	252,073
Less: Benefits payable as of December 31, 2024	(230)
Benefit payments per Form 5500	$ 13,245,591

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 *(continued)*

Benefits payable are recorded on Form 5500 for benefit payments that have been processed and approved for payment prior to year end, but have not yet been paid.

NOTE 10 SUBSEQUENT EVENTS

Management evaluated subsequent events for the Plan through October 5, 2026, the date the financial statements were available for issuance. During that period, no additional events have taken place that are required to be recorded or disclosed in the financial statements.

SUPPLEMENTAL SCHEDULES

BCOM3 CASH BALANCE PLAN
Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	COMMON/COLLECTIVE TRUSTS			
*	Aon Enhanced Liability Driven Investing Fund	Common/Collective Trust	$ 16,803,408	$ 19,153,319
*	Aon Hewitt Inter Credit Bond Fund	Common/Collective Trust	11,559,169	13,165,530
*	Aon Mid Duration Long Credit Bond Fund	Common/Collective Trust	27,478,943	30,525,139
*	Aon Collective Investment Fund	Common/Collective Trust	4,666,515	7,790,108
*	Aon Intermediate Government Bond Fund	Common/Collective Trust	8,535,541	9,348,743
*	Aon Hewitt Long Government Bond Fund	Common/Collective Trust	8,051,003	8,056,194
*	Aon Hewitt Long Credit Bond Fund	Common/Collective Trust	24,918,266	25,109,342
*	Northern Trust Collective Short-Term Investment Fund	Common/Collective Trust	4,072,925	4,072,925
	State Street Russell All Cap Index Fund	Common/Collective Trust	4,977,911	15,917,880
	Total common/collective trusts		111,063,682	133,139,180
	Total investments		$ 111,063,682	$ 133,139,180

*Party-in-interest.

BCOM3 CASH BALANCE PLAN
Schedule H, Line 4(j)—Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Parties Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii)—Series of single securities transactions in excess of 5% of Plan assets						
Aon Intermediate Government Bond Fund*	Common/Collective					
4 Sales	Trust Fund	$ -	$ 13,000,000	$ 12,095,240	$ 13,000,000	$ 904,760
1 Purchases		$ 700,000	$ -	$ 700,000	$ 700,000	$ -
Aon Long Credit Bond Fund*	Common/Collective					
7 Sales	Trust Fund	$ -	$ 9,750,000	$ 10,026,315	$ 9,750,000	$ (276,315)
1 Purchases		$ 5,000,000	$ -	$ 5,000,000	$ 5,000,000	$ -
Northern Trust Collective Short-Term Investment Fund*	Common/Collective Trust Fund					
57 Sales		$ -	$ 13,118,772	$ 13,118,772	$ 13,118,772	$ -
50 Purchases		$ 13,282,641	$ -	$ 13,282,641	$ 13,282,641	$ -

* Party-in-interest.

Note : There were no Category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2025.
Columns for Lease rental (e) and Expense incurred with transaction (f) are not applicable.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Bcom3 Cash Balance Plan
EIN: 36-2677628 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants, Average Cash Balance Account and Average Accrued Benefit[1][2]

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44				1		12				
45-49				1	2	57 $28,287 $5,918	26 $44,783 $8,824	2		
50-54						32 $40,451 $6,460	42 $59,572 $9,026	14		
55-59						28 $41,758 $5,264	18	16	9	
60-64						10	24 $92,094 $10,444	8	19	12
65-69						4	3	5	6	7
70+						2				

N-360

[1] Plan is hard frozen and average accrued benefits are in lieu of compensation.

[2] Accrued benefit equal to account balance converted to annuity using deferred to age 65 annuity factor based on valuation interest rate and 417(e) mortality.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Bcom3 Cash Balance Plan
EIN: 36-2677628 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor reflecting the American Rescue Plan Act of 2021
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Cash Balance Interest Crediting Rate	4.00%
Cash Balance Annuity Conversion Basis	PPA funding interest rates and Section 417(e) mortality for the 2025 plan year
Social Security Wage Base Increases	N/A
Social Security COLA Increases	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Optional Payment Form Election Percentage	See Table 5
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year

Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.00%, limited to 5.74%
2024 Plan Year	5.50%, limited to 5.59%
2025 Plan Year	6.00%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$ 1,000,000 Expenses included in target normal cost is set equal to the prior year's actual administrative expenses (excluding investment-related expenses) rounded to the nearest multiple of $100,000. An adjustment, as appropriate, will be made for any significant one-time expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates — Current Actives

Age	Active with Burnett Prior Accrued Benefit	Active with MacManus Prior Accrued Benefit	Active with Cash Balance Only Benefit
55	10.00%	5.00%	25.00%
56	5.00%	5.00%	20.00%
57	10.00%	15.00%	20.00%
58	20.00%	15.00%	20.00%
59	10.00%	15.00%	25.00%
60	15.00%	20.00%	20.00%
61	15.00%	25.00%	20.00%
62	15.00%	10.00%	20.00%
63	25.00%	10.00%	20.00%
64	40.00%	30.00%	20.00%
65	50.00%	45.00%	15.00%
66	50.00%	40.00%	15.00%
67	50.00%	40.00%	45.00%
68	50.00%	40.00%	50.00%
69	50.00%	75.00%	50.00%
70+	100.00%	100.00%	100.00%

Table 2

Retirement Rates — Current Terminated Vested

Age	With Legacy Burnett without Cash Balance	With Legacy MacManus without Cash Balance	All Other with Cash Balance
30-34	25.00%	15.00%	5.00%
35-39	25.00%	15.00%	5.00%
40-44	25.00%	15.00%	5.00%
45-49	10.00%	10.00%	5.00%
50-54	10.00%	5.00%	5.00%
55	5.00%	10.00%	5.00%
56	5.00%	5.00%	5.00%
57	15.00%	5.00%	5.00%
58	15.00%	5.00%	5.00%
59	20.00%	10.00%	5.00%
60	10.00%	5.00%	5.00%
61	10.00%	5.00%	5.00%
62	30.00%	15.00%	5.00%
63	30.00%	10.00%	10.00%
64	25.00%	30.00%	10.00%
65	20.00%	50.00%	10.00%
66	35.00%	50.00%	10.00%
67	15.00%	50.00%	10.00%
68	20.00%	50.00%	10.00%
69	15.00%	50.00%	10.00%
70+	100.00%	100.00%	100.00%

Table 3

Withdrawal Rates

Age	With Legacy Burnett	With Legacy MacManus	All Other with Cash Balance
30-34	N/A	N/A	N/A
35-39	N/A	N/A	N/A
40-44	5.00%	15.00%	15.00%
45-49	10.00%	10.00%	15.00%
50-54	10.00%	10.00%	10.00%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
20	0.015%	0.020%	50	0.090%	0.130%
21	0.015%	0.020%	51	0.100%	0.145%
22	0.015%	0.020%	52	0.115%	0.165%
23	0.015%	0.025%	53	0.130%	0.185%
24	0.015%	0.025%	54	0.150%	0.210%
25	0.015%	0.025%	55	0.180%	0.245%
26	0.020%	0.025%	56	0.210%	0.290%
27	0.020%	0.025%	57	0.250%	0.340%
28	0.020%	0.030%	58	0.295%	0.400%
29	0.020%	0.030%	59	0.345%	0.470%
30	0.020%	0.030%	60	0.450%	0.605%
31	0.020%	0.030%	61	0.580%	0.770%
32	0.020%	0.035%	62	0.730%	0.965%
33	0.025%	0.035%	63	0.905%	1.190%
34	0.025%	0.040%	64+	1.110%	1.445%
35	0.025%	0.040%			
36	0.030%	0.040%			
37	0.030%	0.045%			
38	0.030%	0.045%			
39	0.030%	0.050%			
40	0.035%	0.050%			
41	0.035%	0.055%			
42	0.040%	0.060%			
43	0.040%	0.065%			
44	0.045%	0.070%			
45	0.050%	0.075%			
46	0.055%	0.080%			
47	0.060%	0.090%			
48	0.070%	0.100%			
49	0.080%	0.115%			

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Bcom3 Cash Balance Plan
EIN: 36-2677628 PN: 003

Table 5

Optional Forms of Payment Election

Active participants who terminate prior to age 55

Legacy Group	% Electing Immediate Lump Sum	% Electing Immediate Annuity	% Electing Deferred[1] Lump Sum	% Electing Deferred[1] Annuity
Cash Balance Only	25%	0%	75%	0%
Burnett	45%	0%	55%	0%
MacManus	30%	0%	70%	0%

Active participants who terminate at age 55+

Legacy Group	% Electing Immediate Lump Sum	% Electing Immediate Annuity
Cash Balance Only	95%	5%
Burnett	85%	15%
MacManus	70%	30%

Current Terminated Vested Participants who are assumed to commence prior to age 55

Legacy Group	% Electing Lump Sum	% Electing Annuity
Cash Balance	100%	0%
Burnett Only	100%	0%
MacManus Only	100%	0%

Current Terminated Vested Participants who are assumed to commence at age 55+

Legacy Group	% Electing Lump Sum	% Electing Annuity
Cash Balance	95%	5%
Burnett Only	85%	15%
MacManus Only	55%	45%

[1] The benefit is deferred to the assumed commencement age based on the rates shown in Table 2 for Terminated Vested Participants with Cash Balance Benefit.

Plan Name	**Bcom3 Cash Balance Plan**
Plan Sponsor EIN	**36-2677628**
ERISA Plan #	**003**
Plan Year Ending	**12/31/202**5

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
BCOM3 CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MMS USA HOLDINGS, INC

D Employer Identification Number (EIN)
36-2677628

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	134,513,727
b Actuarial value	**2b**	133,326,202

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	870	56,738,836	56,738,836
b For terminated vested participants	1,022	46,933,016	46,933,016
c For active participants	360	31,022,205	31,031,182
d Total	2,252	134,694,057	134,703,034

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,000,000
c Target normal cost	**6c**	1,000,000

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.

SIGN HERE DITAH RIMER

Signature of actuary

09/03/2026
Date

DITAH RIMER
Type or print name of actuary

2305562
Most recent enrollment number

AON CONSULTING, INC.
Firm name

212-441-2000
Telephone number (including area code)

MSC# 17837, Aon, PO Box 6718

Somerset NJ 08875
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6,972,751
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	6,972,751
10	Interest on line 9 using prior year's actual return of 4.93%	0	343,757
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.02%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7,316,508

Part III Funding Percentages

14	Funding target attainment percentage	14	93.54%
15	Adjusted funding target attainment percentage	15	93.54%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.27%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,000,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	8,693,340	810,571
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,810,571

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,810,571	1,810,571

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

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

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

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

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

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Bcom3 Cash Balance Plan
EIN: 36-2677628 PN: 003

Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP certification for the Plan was originally issued on September 29, 2025 before the audited financial statement for the 2024 plan year was finalized. The AFTAP certification was re-issued on December 16, 2025 to reflect the final audited financial statement. The inputs used in each result are outlined below:

	September 29, 2025 Certification	**December 16, 2025 Certification**
Funding Target	$ 134,703,034	$ 134,703,034
Value of Plan Assets	133,329,311	133,326,202
Funding Standard Carryover Balance	0	0
Prefunding Balance	7,316,508	7,316,508
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
Certified AFTAP	93.54%	93.54%

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Bcom3 Cash Balance Plan
EIN: 36-2677628 PN: 003

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

The retirement decrement rates at each age depend on age and benefit group. The rates by benefit group that apply at each age are summarized in the exhibit below in Table 1.

Table 2 shows the calculation of the weighted average retirement age. In calculating the weighted average retirement age, the weight applied to each age is (a)/(b), where (a) and (b) are defined as follows:

(a) The number of participants expected to retire at the retirement age to which the weight is being applied. The number of participants expected to retire is estimated by applying the assumed retirement decrement rates to the current active population at that age.

(b) The total number of participants expected to retire. The number of participants expected to retire is estimated by applying the assumed retirement decrement rates to the current active population.

Table 1 – Retirement Rates

(a) Age	Active with Burnett Prior Accrued Benefit	Active with MacManus Prior Accrued Benefit	Active with Cash Balance Only Benefit
55	10.00%	5.00%	25.00%
56	5.00%	5.00%	20.00%
57	10.00%	15.00%	20.00%
58	20.00%	15.00%	20.00%
59	10.00%	15.00%	25.00%
60	15.00%	20.00%	20.00%
61	15.00%	25.00%	20.00%
62	15.00%	10.00%	20.00%
63	25.00%	10.00%	20.00%
64	40.00%	30.00%	20.00%
65	50.00%	45.00%	15.00%
66	50.00%	40.00%	15.00%
67	50.00%	40.00%	45.00%
68	50.00%	40.00%	50.00%
69	50.00%	75.00%	50.00%
70+	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Bcom3 Cash Balance Plan
EIN: 36-2677628 PN: 003

Table 2 - Determination of Weighted Average Retirement Age

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	15.83%	19.05	1047.61
56	11.16%	12.26	686.43
57	14.96%	17.06	972.51
58	18.90%	20.87	1210.60
59	16.69%	17.18	1013.47
60	17.88%	17.90	1074.15
61	19.29%	18.02	1098.93
62	15.06%	13.48	835.57
63	18.92%	17.21	1084.03
64	31.52%	27.57	1764.24
65	38.16%	26.88	1747.33
66	34.19%	16.89	1114.90
67	44.22%	16.22	1086.61
68	46.07%	11.90	809.23
69	53.27%	8.25	568.95
70	100.00%	7.96	557.35
71	100.00%	1.00	71.00
	Total	269.69	16742.93
	Weighted Average		62.08

Schedule SB Attachment (Form 5500) — 2025 Plan Year
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor reflecting the American Rescue Plan Act of 2021
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Cash Balance Interest Crediting Rate	4.00%
Cash Balance Annuity Conversion Basis	PPA funding interest rates and Section 417(e) mortality for the 2025 plan year
Social Security Wage Base Increases	N/A
Social Security COLA Increases	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Optional Payment Form Election Percentage	See Table 5
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year

Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse and that males are four years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.00%, limited to 5.74%
2024 Plan Year	5.50%, limited to 5.59%
2025 Plan Year	6.00%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$ 1,000,000 Expenses included in target normal cost is set equal to the prior year's actual administrative expenses (excluding investment-related expenses) rounded to the nearest multiple of $100,000. An adjustment, as appropriate, will be made for any significant one-time expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates — Current Actives

Age	Active with Burnett Prior Accrued Benefit	Active with MacManus Prior Accrued Benefit	Active with Cash Balance Only Benefit
55	10.00%	5.00%	25.00%
56	5.00%	5.00%	20.00%
57	10.00%	15.00%	20.00%
58	20.00%	15.00%	20.00%
59	10.00%	15.00%	25.00%
60	15.00%	20.00%	20.00%
61	15.00%	25.00%	20.00%
62	15.00%	10.00%	20.00%
63	25.00%	10.00%	20.00%
64	40.00%	30.00%	20.00%
65	50.00%	45.00%	15.00%
66	50.00%	40.00%	15.00%
67	50.00%	40.00%	45.00%
68	50.00%	40.00%	50.00%
69	50.00%	75.00%	50.00%
70+	100.00%	100.00%	100.00%

Table 2

Retirement Rates — Current Terminated Vested

Age	With Legacy Burnett without Cash Balance	With Legacy MacManus without Cash Balance	All Other with Cash Balance
30-34	25.00%	15.00%	5.00%
35-39	25.00%	15.00%	5.00%
40-44	25.00%	15.00%	5.00%
45-49	10.00%	10.00%	5.00%
50-54	10.00%	5.00%	5.00%
55	5.00%	10.00%	5.00%
56	5.00%	5.00%	5.00%
57	15.00%	5.00%	5.00%
58	15.00%	5.00%	5.00%
59	20.00%	10.00%	5.00%
60	10.00%	5.00%	5.00%
61	10.00%	5.00%	5.00%
62	30.00%	15.00%	5.00%
63	30.00%	10.00%	10.00%
64	25.00%	30.00%	10.00%
65	20.00%	50.00%	10.00%
66	35.00%	50.00%	10.00%
67	15.00%	50.00%	10.00%
68	20.00%	50.00%	10.00%
69	15.00%	50.00%	10.00%
70+	100.00%	100.00%	100.00%

Table 3

Withdrawal Rates

Age	With Legacy Burnett	With Legacy MacManus	All Other with Cash Balance
30-34	N/A	N/A	N/A
35-39	N/A	N/A	N/A
40-44	5.00%	15.00%	15.00%
45-49	10.00%	10.00%	15.00%
50-54	10.00%	10.00%	10.00%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
20	0.015%	0.020%	50	0.090%	0.130%
21	0.015%	0.020%	51	0.100%	0.145%
22	0.015%	0.020%	52	0.115%	0.165%
23	0.015%	0.025%	53	0.130%	0.185%
24	0.015%	0.025%	54	0.150%	0.210%
25	0.015%	0.025%	55	0.180%	0.245%
26	0.020%	0.025%	56	0.210%	0.290%
27	0.020%	0.025%	57	0.250%	0.340%
28	0.020%	0.030%	58	0.295%	0.400%
29	0.020%	0.030%	59	0.345%	0.470%
30	0.020%	0.030%	60	0.450%	0.605%
31	0.020%	0.030%	61	0.580%	0.770%
32	0.020%	0.035%	62	0.730%	0.965%
33	0.025%	0.035%	63	0.905%	1.190%
34	0.025%	0.040%	64+	1.110%	1.445%
35	0.025%	0.040%			
36	0.030%	0.040%			
37	0.030%	0.045%			
38	0.030%	0.045%			
39	0.030%	0.050%			
40	0.035%	0.050%			
41	0.035%	0.055%			
42	0.040%	0.060%			
43	0.040%	0.065%			
44	0.045%	0.070%			
45	0.050%	0.075%			
46	0.055%	0.080%			
47	0.060%	0.090%			
48	0.070%	0.100%			
49	0.080%	0.115%			

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Table 5

Optional Forms of Payment Election

Active participants who terminate prior to age 55

Legacy Group	% Electing Immediate Lump Sum	% Electing Immediate Annuity	% Electing Deferred[1] Lump Sum	% Electing Deferred[1] Annuity
Cash Balance Only	25%	0%	75%	0%
Burnett	45%	0%	55%	0%
MacManus	30%	0%	70%	0%

Active participants who terminate at age 55+

Legacy Group	% Electing Immediate Lump Sum	% Electing Immediate Annuity
Cash Balance Only	95%	5%
Burnett	85%	15%
MacManus	70%	30%

Current Terminated Vested Participants who are assumed to commence prior to age 55

Legacy Group	% Electing Lump Sum	% Electing Annuity
Cash Balance	100%	0%
Burnett Only	100%	0%
MacManus Only	100%	0%

Current Terminated Vested Participants who are assumed to commence at age 55+

Legacy Group	% Electing Lump Sum	% Electing Annuity
Cash Balance	95%	5%
Burnett Only	85%	15%
MacManus Only	55%	45%

[1] The benefit is deferred to the assumed commencement age based on the rates shown in Table 2 for Terminated Vested Participants with Cash Balance Benefit.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
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Schedule SB, Part V — Summary of Plan Provisions

Plan Sponsor	MMS USA Holdings, Inc.
Effective Date	The MacManus Group, Inc. Retirement Plan (the Prior Plan) was initially effective January 1, 1990 and restated effective as of January 1, 1997. The Burnett Pension Plan was merged into the plan effective December 31, 2001. The Plan was amended and restated effective January 1, 2002 to become the Bcom3 Cash Balance Plan, a cash balance defined benefit plan. No future new entrants are allowed to enter the Plan effective April 1, 2004. Benefit accruals in the form of pay credits and supplemental pay credits were frozen effective April 1, 2009.
Prior Plans	The Burnett Pension Plan and The MacManus Group, Inc. Retirement Plan.
Coverage and Participation	All participants of the Prior Plans immediately prior to January 1, 2002 became Participants in the plan on January 1, 2002. All other eligible employees became Participants in the plan on the later of January 1, 2002 or their first day of employment. Hourly employees who did not participate in the Prior Plans become Participants after completing 1,000 hours of service during either the 12 consecutive month period beginning on the first date of employment or any plan year thereafter. No future new entrants are allowed to enter the Plan effective April 1, 2004. Beginning April 1, 2009, pay credits and supplemental credits under the plan were frozen for all participants.
Plan Year	January 1 to December 31.
Prior Plan Accrued Benefit	The Participant's accrued benefit as determined under the applicable Prior Plan as of December 31, 2001.

Actuarial Equivalent	Actuarial Equivalent for cash balance benefits is determined based on the applicable mortality table and the three-segment interest rates prescribed under Section 417(e)(3) of the Internal Revenue Code for the month of October of the Plan Year immediately preceding the Plan Year in which the date of determination occurs. The applicable mortality table is the PPA Optional Combined Mortality Table.
Compensation	Participant's base pay excluding overtime, bonuses, commissions, noncash compensation, severance pay or unused vacation pay paid as a result of the Participant's termination of employment, and any amounts paid under a long-term disability plan. A Participant's Compensation for any month shall be recognized until it reaches one-twelfth of the Internal Revenue Code Section 401(a)(17) limitation.
Years of Service	For a Participant who participated under a Prior Plan as of December 31, 2001, such Participant's years of service under the Prior Plan as of such date, plus the Participant's period of employment (measured in full and fractional years) with a Bcom3 Company on and after January 1, 2002 through the employee's severance from service date. For a Participant who did not participate under a Prior Plan as of December 31, 2001, but who was eligible to participate under The MacManus Group, Inc. 401(k) Plan as of such date, such Participant's years of service under The MacManus Group, Inc. 401(k) Plan as of such date, plus the Participant's period of employment (measured in full and fractional years) with a Bcom3 Company on and after January 1, 2002 through the employee's severance from service date. For other Participant's, their period of employment (measured in full and fractional years) with a Bcom3 Company commencing on their employment commencement date and ending on their severance from service date. If an employee terminates his employment with the Bcom3 Companies and is later rehired by the Bcom3 Companies within one year, he will not be considered to have incurred a severance from service date for purposes of determining his years of service.

Cash Balance Account

A notional account is established and maintained for each Participant. It is credited with an Opening Balance Credit (if applicable), Pay Credits, Supplemental Pay Credits (if applicable), and Interest Credits.

Opening Balance Credit

The Opening Balance Credit as of January 1, 2002 for each active Prior Plan Participant is equal to the actuarial equivalent lump sum value (based on 6.5% interest rate and the 1983 Group Annuity unisex mortality table) of his or her Prior Plan Accrued Benefit in the normal form of payment for unmarried participants commencing at the later of the normal retirement date under the Prior Plan or January 1, 2002.

Pay Credits

Prior to April 1, 2009, a Pay Credit is credited as of the last day of each month to the Cash Balance Account. The amount of the Pay Credit for a month is equal to a percentage of the Compensation for such month. The percentage is based on the Participant's whole years of service as of the preceding December 31, as follows:

Years of Service	% of Compensation
Less than 5	4.0%
5 - 9	5.0%
10 – 14	6.5%
15 or more	8.0%

Effective April 1, 2009, no future Pay Credits are credited to the Cash Balance Account.

Supplemental Pay Credits

A Participant is eligible for a Supplemental Pay Credit from January 1, 2002 through March 31, 2009, if he or she meets all of the criteria in (1) to (4) below:

(1) his or her annual rate of base pay on December 31, 2001 was $150,000 or less;

(2) his or her combined age plus years of service (both determined as of December 31, 2001 in whole years, rounded downward) was 50 or more;

(3) he or she had at least 10 years of service as of December 31, 2001; and

(4) he or she was an active participant in a Prior Plan as of December 31, 2001.

If a Participant terminates employment and is later rehired and becomes eligible to participate in the Plan, he or she will not be eligible to receive Supplemental Pay Credits. A Supplemental Pay Credit is credited as of the last day of each month to the Cash Balance Account. The amount of the Supplemental Pay Credit for a month is equal to a percentage of the Compensation for such month. The percentage is based on the Participant's combined age plus years of service both determined as of December 31, 2001 in whole years (rounded downward), as follows:

Age Plus Years of Service	% of Compensation
50-59	2.0%
60-64	3.0%
65 or more	4.0%

Effective April 1, 2009, no future Supplemental Pay Credits are credited to the Cash Balance Account.

Interest Credits

Interest is credited on the Cash Balance Account on the last day of each month based on the monthly equivalent interest crediting rate using compound interest calculations. The Interest Credit is credited prior to the crediting of any Pay Credit or Supplemental Pay Credit for such month. The interest crediting rate is the 30-year Treasury Rate determined as of the month of October prior to the Plan Year containing the determination, but not less than 4%.

Accrued Benefit

The sum of (1) and (2), where

(1) is the greater of:

  (a) the Participant's Prior Plan Accrued Benefit in the form of a single life annuity payable at the Participant's Normal Retirement Date, or

  (b) the single life annuity payable at the participant's Normal Retirement Date which is the Actuarial Equivalent of the Participant's Opening Balance Credit and Interest Credits thereon; and

(2) is a single life annuity payable at the participant's Normal Retirement Date which is the Actuarial Equivalent of the Participant's Cash Balance Account (excluding the Opening Balance Credit and Interest Credits thereon).

Normal Form of Payment	The normal form of payment for an unmarried participant is a life annuity. The normal form of payment for a married participant is a 100% joint and survivor annuity for benefit commencement dates on or after January 1, 2008 or a 50% joint and survivor annuity for benefit commencement dates before January 1, 2008.
Optional Forms of Payment	Subject to spousal consent, a participant may elect to receive a distribution of his or her benefits in one of the following optional forms of payment: ● Life annuity; ● 50% or 100% joint and survivor annuity; ● 5-year, 10-year, or 15-year certain and life annuity; ● Lump sum distribution.
Normal Retirement	
Eligibility	Age 65(Age 62 for those with a Burnett Prior Plan accrued benefit only).
Benefit	Accrued benefit. A participant may elect to receive his benefit in the normal form of payment or any of the optional forms of payment.
Early Retirement	
Eligibility	
Cash Balance Only	Not applicable
Burnett Prior Accrued Benefit	Age 50
MacManus Prior Accrued Benefit	Age 55 with ten years of Service.
Benefit	The benefit as a single life annuity commencing on a benefit commencement date that is prior to the normal retirement date is equal to the sum of (1) and (2), where: (1) Is the greater of: (a) The participant's Prior Plan accrued benefit in the form of a single life annuity commencing on the benefit commence date based on the early commencement factors in the applicable Prior Plan; or (b) The single life annuity payable at the participant's benefit commencement date that is the actuarial equivalent of the participant's opening balance credit and interest credits thereon; and

	(2) Is a single life annuity payable at the participant's benefit commencement date that is the actuarial equivalent of the participant's cash balance account (excluding the opening balance credit and interest credits thereon). A participant may elect to receive his benefit in a normal form of payment or any of the optional forms of payment.
Vested Benefit	
Eligibility	Three years of service for employees who complete an hour of service on or after January 1, 2008 (five years of service for employees who do not complete an hour of service on or after January 1, 2008), attainment of age 65 (or age 50 for a Burnett Pension Plan participant on December 31, 2001), or termination of employment due to death or disability.
Benefit	Same as Early Retirement Benefit
Disability Benefits	Disabled participants who were participating under the Prior Plans as of December 31, 2001 and who had been receiving long-term disability benefits prior to January 1, 2002 under a long-term disability plan sponsored by MMS USA Holdings, Inc. shall be eligible for pay credits and supplemental pay credits (if applicable) until the earliest of recovery, death, or age 65. Participants who first begin receiving long-term disability benefits on or after January 1, 2002 are not eligible for pay credits or supplemental pay credits.
Protected Benefits for Prior Plan Participants	The amount payable under the annuity options to a Prior Plan participant cannot be less than the benefit that would have been payable to the participant under the applicable Prior Plan, based on the participant's Prior Plan accrued benefit as of December 31, 2001 and the early retirement factors and actuarial equivalent conversion factors in the applicable Prior Plan.

Preretirement Death Benefits

If a participant who is entitled to a vested benefit dies prior to receiving any benefits from the plan, his or her spouse or beneficiary will be entitled to receive a preretirement survivor benefit. The preretirement survivor benefit is paid to a nonspousal beneficiary in the form of a lump sum or to a spouse in the form of a single life annuity unless the spouse elects a lump sum payment.

The single life annuity is payable to a spouse commencing on the first day of any month after the participant's death but not later than the participant's normal retirement date. A lump sum payable to a beneficiary must be paid not later than December 31 of the calendar year which contains the fifth anniversary of the participant's death.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes other than legislative changes to the limits and tables under IRC Section 401(a)(17), 415(b), and 417(e).

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the expected return on assets assumption from 5.50% to 6.00%.

This change was made to better reflect the anticipated plan experience. Since the change in the non-prescribed assumptions has not decreased the funding shortfall, the approval of the commissioner is not required.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
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Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants, Average Cash Balance Account and Average Accrued Benefit[1][2]

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44				1		12				
45-49				1	2	57 $28,287 $5,918	26 $44,783 $8,824	2		
50-54						32 $40,451 $6,460	42 $59,572 $9,026	14		
55-59						28 $41,758 $5,264	18	16	9	
60-64						10	24 $92,094 $10,444	8	19	12
65-69						4	3	5	6	7
70+						2				

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[1] Plan is hard frozen and average accrued benefits are in lieu of compensation.

[2] Accrued benefit equal to account balance converted to annuity using deferred to age 65 annuity factor based on valuation interest rate and 417(e) mortality.

Schedule SB Attachment (Form 5500) — 2025 Plan Year
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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
2025	5,906,253	6,216,463	5,682,711	17,805,427
2026	4,839,992	4,019,522	5,502,054	14,361,568
2027	4,012,121	4,093,924	5,339,853	13,445,898
2028	3,150,830	3,543,258	5,170,553	11,864,641
2029	2,608,411	3,148,746	4,996,548	10,753,705
2030	2,323,130	3,236,124	4,814,882	10,374,136
2031	1,989,595	3,187,208	4,616,281	9,793,084
2032	1,723,523	3,328,317	4,420,151	9,471,991
2033	1,604,881	3,131,924	4,214,869	8,951,674
2034	1,690,357	3,220,027	4,016,732	8,927,116
2035	1,618,125	3,237,229	3,815,153	8,670,507
2036	1,445,264	2,769,523	3,612,222	7,827,009
2037	1,490,684	2,917,292	3,408,533	7,816,509
2038	1,366,843	2,770,138	3,204,569	7,341,550
2039	1,043,710	2,734,639	2,994,247	6,772,596
2040	832,814	2,655,187	2,789,828	6,277,829
2041	668,557	2,556,402	2,591,133	5,816,092
2042	603,480	2,702,646	2,396,279	5,702,405
2043	490,163	2,074,083	2,206,137	4,770,383
2044	453,856	2,219,322	2,021,559	4,694,737
2045	393,205	1,956,581	1,843,363	4,193,149
2046	364,470	1,740,952	1,672,308	3,777,730
2047	340,825	1,558,084	1,509,104	3,408,013
2048	317,462	1,537,777	1,354,410	3,209,649
2049	298,272	1,275,042	1,208,808	2,782,122
2050	278,694	1,109,393	1,072,797	2,460,884
2051	259,314	964,899	946,762	2,170,975
2052	241,100	818,929	830,946	1,890,975
2053	222,598	683,924	725,448	1,631,970
2054	204,556	636,279	630,198	1,471,033
2055	186,715	588,463	544,938	1,320,116

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2056	169,270	540,830	469,264	1,179,364
2057	152,396	493,759	402,624	1,048,779
2058	136,244	447,629	344,365	928,238
2059	120,934	402,812	293,778	817,524
2060	106,556	359,662	250,102	716,320
2061	93,172	318,504	212,579	624,255
2062	80,825	279,632	180,468	540,925
2063	69,536	243,281	153,063	465,880
2064	59,313	209,640	129,717	398,670
2065	50,140	178,846	109,852	338,838
2066	41,987	150,977	92,957	285,921
2067	34,814	126,056	78,592	239,462
2068	28,566	104,043	66,380	198,989
2069	23,183	84,850	56,001	164,034
2070	18,597	68,336	47,184	134,117
2071	14,734	54,325	39,704	108,763
2072	11,522	42,608	33,371	87,501
2073	8,886	32,952	28,023	69,861
2074	6,755	25,115	23,522	55,392

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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 8,693,340	January 1, 2025	15	$ 810,571

Schedule SB Attachment (Form 5500) — 2025 Plan Year
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Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP certification for the Plan was originally issued on September 29, 2025 before the audited financial statement for the 2024 plan year was finalized. The AFTAP certification was re-issued on December 16, 2025 to reflect the final audited financial statement. The inputs used in each result are outlined below:

	September 29, 2025 Certification	**December 16, 2025 Certification**
Funding Target	$ 134,703,034	$ 134,703,034
Value of Plan Assets	133,329,311	133,326,202
Funding Standard Carryover Balance	0	0
Prefunding Balance	7,316,508	7,316,508
Annuities Purchased for NHCE's	0	0
Security Posted	0	0
Certified AFTAP	93.54%	93.54%

Schedule SB Attachment (Form 5500) — 2025 Plan Year
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The retirement decrement rates at each age depend on age and benefit group. The rates by benefit group that apply at each age are summarized in the exhibit below in Table 1.

Table 2 shows the calculation of the weighted average retirement age. In calculating the weighted average retirement age, the weight applied to each age is (a)/(b), where (a) and (b) are defined as follows:

(a) The number of participants expected to retire at the retirement age to which the weight is being applied. The number of participants expected to retire is estimated by applying the assumed retirement decrement rates to the current active population at that age.

(b) The total number of participants expected to retire. The number of participants expected to retire is estimated by applying the assumed retirement decrement rates to the current active population.

Table 1 – Retirement Rates

(a) Age	Active with Burnett Prior Accrued Benefit	Active with MacManus Prior Accrued Benefit	Active with Cash Balance Only Benefit
55	10.00%	5.00%	25.00%
56	5.00%	5.00%	20.00%
57	10.00%	15.00%	20.00%
58	20.00%	15.00%	20.00%
59	10.00%	15.00%	25.00%
60	15.00%	20.00%	20.00%
61	15.00%	25.00%	20.00%
62	15.00%	10.00%	20.00%
63	25.00%	10.00%	20.00%
64	40.00%	30.00%	20.00%
65	50.00%	45.00%	15.00%
66	50.00%	40.00%	15.00%
67	50.00%	40.00%	45.00%
68	50.00%	40.00%	50.00%
69	50.00%	75.00%	50.00%
70+	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Bcom3 Cash Balance Plan
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Table 2 - Determination of Weighted Average Retirement Age

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	15.83%	19.05	1047.61
56	11.16%	12.26	686.43
57	14.96%	17.06	972.51
58	18.90%	20.87	1210.60
59	16.69%	17.18	1013.47
60	17.88%	17.90	1074.15
61	19.29%	18.02	1098.93
62	15.06%	13.48	835.57
63	18.92%	17.21	1084.03
64	31.52%	27.57	1764.24
65	38.16%	26.88	1747.33
66	34.19%	16.89	1114.90
67	44.22%	16.22	1086.61
68	46.07%	11.90	809.23
69	53.27%	8.25	568.95
70	100.00%	7.96	557.35
71	100.00%	1.00	71.00
	Total	269.69	16742.93
	Weighted Average		62.08

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Schedule SB, Part V — Summary of Plan Provisions

Plan Sponsor	MMS USA Holdings, Inc.
Effective Date	The MacManus Group, Inc. Retirement Plan (the Prior Plan) was initially effective January 1, 1990 and restated effective as of January 1, 1997. The Burnett Pension Plan was merged into the plan effective December 31, 2001. The Plan was amended and restated effective January 1, 2002 to become the Bcom3 Cash Balance Plan, a cash balance defined benefit plan. No future new entrants are allowed to enter the Plan effective April 1, 2004. Benefit accruals in the form of pay credits and supplemental pay credits were frozen effective April 1, 2009.
Prior Plans	The Burnett Pension Plan and The MacManus Group, Inc. Retirement Plan.
Coverage and Participation	All participants of the Prior Plans immediately prior to January 1, 2002 became Participants in the plan on January 1, 2002. All other eligible employees became Participants in the plan on the later of January 1, 2002 or their first day of employment. Hourly employees who did not participate in the Prior Plans become Participants after completing 1,000 hours of service during either the 12 consecutive month period beginning on the first date of employment or any plan year thereafter. No future new entrants are allowed to enter the Plan effective April 1, 2004. Beginning April 1, 2009, pay credits and supplemental credits under the plan were frozen for all participants.
Plan Year	January 1 to December 31.
Prior Plan Accrued Benefit	The Participant's accrued benefit as determined under the applicable Prior Plan as of December 31, 2001.

Actuarial Equivalent	Actuarial Equivalent for cash balance benefits is determined based on the applicable mortality table and the three-segment interest rates prescribed under Section 417(e)(3) of the Internal Revenue Code for the month of October of the Plan Year immediately preceding the Plan Year in which the date of determination occurs. The applicable mortality table is the PPA Optional Combined Mortality Table.
Compensation	Participant's base pay excluding overtime, bonuses, commissions, noncash compensation, severance pay or unused vacation pay paid as a result of the Participant's termination of employment, and any amounts paid under a long-term disability plan. A Participant's Compensation for any month shall be recognized until it reaches one-twelfth of the Internal Revenue Code Section 401(a)(17) limitation.
Years of Service	For a Participant who participated under a Prior Plan as of December 31, 2001, such Participant's years of service under the Prior Plan as of such date, plus the Participant's period of employment (measured in full and fractional years) with a Bcom3 Company on and after January 1, 2002 through the employee's severance from service date. For a Participant who did not participate under a Prior Plan as of December 31, 2001, but who was eligible to participate under The MacManus Group, Inc. 401(k) Plan as of such date, such Participant's years of service under The MacManus Group, Inc. 401(k) Plan as of such date, plus the Participant's period of employment (measured in full and fractional years) with a Bcom3 Company on and after January 1, 2002 through the employee's severance from service date. For other Participant's, their period of employment (measured in full and fractional years) with a Bcom3 Company commencing on their employment commencement date and ending on their severance from service date. If an employee terminates his employment with the Bcom3 Companies and is later rehired by the Bcom3 Companies within one year, he will not be considered to have incurred a severance from service date for purposes of determining his years of service.

Cash Balance Account

A notional account is established and maintained for each Participant. It is credited with an Opening Balance Credit (if applicable), Pay Credits, Supplemental Pay Credits (if applicable), and Interest Credits.

Opening Balance Credit

The Opening Balance Credit as of January 1, 2002 for each active Prior Plan Participant is equal to the actuarial equivalent lump sum value (based on 6.5% interest rate and the 1983 Group Annuity unisex mortality table) of his or her Prior Plan Accrued Benefit in the normal form of payment for unmarried participants commencing at the later of the normal retirement date under the Prior Plan or January 1, 2002.

Pay Credits

Prior to April 1, 2009, a Pay Credit is credited as of the last day of each month to the Cash Balance Account. The amount of the Pay Credit for a month is equal to a percentage of the Compensation for such month. The percentage is based on the Participant's whole years of service as of the preceding December 31, as follows:

Years of Service	% of Compensation
Less than 5	4.0%
5 - 9	5.0%
10 – 14	6.5%
15 or more	8.0%

Effective April 1, 2009, no future Pay Credits are credited to the Cash Balance Account.

Supplemental Pay Credits

A Participant is eligible for a Supplemental Pay Credit from January 1, 2002 through March 31, 2009, if he or she meets all of the criteria in (1) to (4) below:

(1) his or her annual rate of base pay on December 31, 2001 was $150,000 or less;

(2) his or her combined age plus years of service (both determined as of December 31, 2001 in whole years, rounded downward) was 50 or more;

(3) he or she had at least 10 years of service as of December 31, 2001; and

(4) he or she was an active participant in a Prior Plan as of December 31, 2001.

If a Participant terminates employment and is later rehired and becomes eligible to participate in the Plan, he or she will not be eligible to receive Supplemental Pay Credits. A Supplemental Pay Credit is credited as of the last day of each month to the Cash Balance Account. The amount of the Supplemental Pay Credit for a month is equal to a percentage of the Compensation for such month. The percentage is based on the Participant's combined age plus years of service both determined as of December 31, 2001 in whole years (rounded downward), as follows:

Age Plus Years of Service	% of Compensation
50-59	2.0%
60-64	3.0%
65 or more	4.0%

Effective April 1, 2009, no future Supplemental Pay Credits are credited to the Cash Balance Account.

Interest Credits

Interest is credited on the Cash Balance Account on the last day of each month based on the monthly equivalent interest crediting rate using compound interest calculations. The Interest Credit is credited prior to the crediting of any Pay Credit or Supplemental Pay Credit for such month. The interest crediting rate is the 30-year Treasury Rate determined as of the month of October prior to the Plan Year containing the determination, but not less than 4%.

Accrued Benefit

The sum of (1) and (2), where

(1) is the greater of:

  (a) the Participant's Prior Plan Accrued Benefit in the form of a single life annuity payable at the Participant's Normal Retirement Date, or

  (b) the single life annuity payable at the participant's Normal Retirement Date which is the Actuarial Equivalent of the Participant's Opening Balance Credit and Interest Credits thereon; and

(2) is a single life annuity payable at the participant's Normal Retirement Date which is the Actuarial Equivalent of the Participant's Cash Balance Account (excluding the Opening Balance Credit and Interest Credits thereon).

Normal Form of Payment	The normal form of payment for an unmarried participant is a life annuity. The normal form of payment for a married participant is a 100% joint and survivor annuity for benefit commencement dates on or after January 1, 2008 or a 50% joint and survivor annuity for benefit commencement dates before January 1, 2008.
Optional Forms of Payment	Subject to spousal consent, a participant may elect to receive a distribution of his or her benefits in one of the following optional forms of payment: ● Life annuity; ● 50% or 100% joint and survivor annuity; ● 5-year, 10-year, or 15-year certain and life annuity; ● Lump sum distribution.
Normal Retirement	
Eligibility	Age 65(Age 62 for those with a Burnett Prior Plan accrued benefit only).
Benefit	Accrued benefit. A participant may elect to receive his benefit in the normal form of payment or any of the optional forms of payment.
Early Retirement	
Eligibility	
Cash Balance Only	Not applicable
Burnett Prior Accrued Benefit	Age 50
MacManus Prior Accrued Benefit	Age 55 with ten years of Service.
Benefit	The benefit as a single life annuity commencing on a benefit commencement date that is prior to the normal retirement date is equal to the sum of (1) and (2), where: (1) Is the greater of: (a) The participant's Prior Plan accrued benefit in the form of a single life annuity commencing on the benefit commence date based on the early commencement factors in the applicable Prior Plan; or (b) The single life annuity payable at the participant's benefit commencement date that is the actuarial equivalent of the participant's opening balance credit and interest credits thereon; and

	(2) Is a single life annuity payable at the participant's benefit commencement date that is the actuarial equivalent of the participant's cash balance account (excluding the opening balance credit and interest credits thereon). A participant may elect to receive his benefit in a normal form of payment or any of the optional forms of payment.
Vested Benefit	
Eligibility	Three years of service for employees who complete an hour of service on or after January 1, 2008 (five years of service for employees who do not complete an hour of service on or after January 1, 2008), attainment of age 65 (or age 50 for a Burnett Pension Plan participant on December 31, 2001), or termination of employment due to death or disability.
Benefit	Same as Early Retirement Benefit
Disability Benefits	Disabled participants who were participating under the Prior Plans as of December 31, 2001 and who had been receiving long-term disability benefits prior to January 1, 2002 under a long-term disability plan sponsored by MMS USA Holdings, Inc. shall be eligible for pay credits and supplemental pay credits (if applicable) until the earliest of recovery, death, or age 65. Participants who first begin receiving long-term disability benefits on or after January 1, 2002 are not eligible for pay credits or supplemental pay credits.
Protected Benefits for Prior Plan Participants	The amount payable under the annuity options to a Prior Plan participant cannot be less than the benefit that would have been payable to the participant under the applicable Prior Plan, based on the participant's Prior Plan accrued benefit as of December 31, 2001 and the early retirement factors and actuarial equivalent conversion factors in the applicable Prior Plan.

Preretirement Death Benefits

If a participant who is entitled to a vested benefit dies prior to receiving any benefits from the plan, his or her spouse or beneficiary will be entitled to receive a preretirement survivor benefit. The preretirement survivor benefit is paid to a nonspousal beneficiary in the form of a lump sum or to a spouse in the form of a single life annuity unless the spouse elects a lump sum payment.

The single life annuity is payable to a spouse commencing on the first day of any month after the participant's death but not later than the participant's normal retirement date. A lump sum payable to a beneficiary must be paid not later than December 31 of the calendar year which contains the fifth anniversary of the participant's death.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes other than legislative changes to the limits and tables under IRC Section 401(a)(17), 415(b), and 417(e).

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Plan Name	**Bcom3 Cash Balance Plan**
Plan Sponsor EIN	**36-2677628**
ERISA Plan #	**003**
Plan Year Ending	**12/31/202**5

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 8,693,340	January 1, 2025	15	$ 810,571

Schedule SB Attachment (Form 5500) — 2025 Plan Year
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the expected return on assets assumption from 5.50% to 6.00%.

This change was made to better reflect the anticipated plan experience. Since the change in the non-prescribed assumptions has not decreased the funding shortfall, the approval of the commissioner is not required.