

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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>01/01/1978</u>
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) <u>THE INTERPUBLIC GROUP OF COMPANIES, INC.</u> <u>909 THIRD AVE</u> <u>NEW YORK, NY 10022</u>	2b	Employer Identification Number (EIN) <u>13-1024020</u>
		2c	Plan Sponsor's telephone number <u>212-704-1200</u>
		2d	Business code (see instructions) <u>541800</u>

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.	10/10/2017	KEN LAREAU
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 31398
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 19702 6a(2) 20362 6b 240 6c 10836 6d 31438 6e 27 6f 31465 6g 24579 6h 899
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 THE INTERPUBLIC GROUP OF COMPANIES, INC.	D Employer Identification Number (EIN) 13-1024020

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation GREAT-WEST LIFE & ANNUITY INSURANCE

84-0467907

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

13-4110995

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation WELLS CAPITAL MANAGEMENT
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95-3692822

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation STATE STREET GLOBAL ADVISORS
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04-1867445

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

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

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

ADVISED ASSETS GROUP, LLC

84-1532243

(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?
26 50	NONE	627144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS CAPITAL MANAGEMENT

95-3692822

(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 50	NONE	475595	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 28 50 51	NONE	378327	Yes ☐ No ☒	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)

GREAT-WEST LIFE & ANNUITY INSURANCE

84-0467907

(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?
15 37 50 64	NONE	327928	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

JPMORGAN SECURITIES LLC

13-4110995

(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?
33 50 59 71	NONE	28845	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

QDRO CONSULTANTS

3071 PEARL ROAD
MEDINA, OH 44256

(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?
49 50	NONE	5700	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
J.P.MORGAN SECURITIES LLC	59	0
(d) Enter name and EIN (address) of source of indirect compensation ALLIANCEBERNSTEIN 13-3211780	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RATE OF .20% OF SALES AND .05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	
(a) Enter service provider name as it appears on line 2 J.P.MORGAN SECURITIES LLC	(b) Service Codes (see instructions) 59	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation ALLIANZ 06-1349805	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RATE OF .10% OF SALES AND .06% OF AVERAGE DAILY BALANCE	
(a) Enter service provider name as it appears on line 2 J.P.MORGAN SECURITIES LLC	(b) Service Codes (see instructions) 59	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN CENTURY 43-0821857	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RATE OF .25% OF SALES AND .05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	

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
J.P.MORGAN SECURITIES LLC	59	0
(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.	
AMERICAN FUNDS 86-0206507	FIXED RATE \$180,000 ANNUALLY	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
BLACKROCK FUNDS 23-2784752	RATE OF .10% OF SALES AND .08% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
DELAWARE FUNDS 23-2791871	RATE OF .25% OF SALES AND .05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	

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
J.P.MORGAN SECURITIES LLC	59	0
(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.	
DREYFUS 13-2603136	RATE OF .25% OF SALES AND .05% OF AVERAGE DAILY BALANCE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
EATON VANCE 04-3239487	RATE OF .20% OF SALES AND .05% OF AVERAGE DAILY BALANCE; FIXED RATE \$50,000	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
FEDERATED 25-1203925	RATE OF .20% OF SALES AND .05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	

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
J.P.MORGAN SECURITIES LLC	59	0
(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.	
FIDELITY 04-2882358	RATE OF .20% OF SALES FIXED RATE \$40,000	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
FRANKLIN TEMPLETON 13-5599989	RATE OF .08 OF SALES AND .02%-.05% OF AVERAGE DAILY BALANCE OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
HARTFORD 06-0383750	RANGE OF .15-.20% OF SALES AND .03-.05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	

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
J.P.MORGAN SECURITIES LLC	59	0
(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.	
INVESCO 74-1894784	RANGE OF .25% OF SALES AND .05% OF ASSETS OVER \$600 MILLION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
JOHN HANCOCK FUNDS 04-3111116	RATE OF .25% OF SALES AND .05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
J.P. MORGAN FUNDS 74-2945358	RATE OF .10-.20% OF SALES AND .05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	

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
J.P.MORGAN SECURITIES LLC	59	0
(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.	
MFS 04-2747644	RATE OF .10% OF SALES AND .05% OF AVERAGE DAILY BALANCE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
NUVEEN 36-3817266	RATE OF .10%-.20% OF SALES AND .05% OF AVERAGE DAILY BALANCE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
OPPENHEIMER 12-2953455	RATE OF .06% OF AVERAGE DAILY BALANCE	

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
J.P.MORGAN SECURITIES LLC	59	0
(d) Enter name and EIN (address) of source of indirect compensation		
PACIFIC LIFE FUNDS	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RATE OF .25% OF SALES AND RANGE OF .03%-.05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	
95-2594489		
(a) Enter service provider name as it appears on line 2		
J.P.MORGAN SECURITIES LLC	59	0
(d) Enter name and EIN (address) of source of indirect compensation		
PIMCO	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RATE OF .10% OF SALES AND .03% OF AVERAGE DAILY BALANCE	
33-0629048		
(a) Enter service provider name as it appears on line 2		
J.P.MORGAN SECURITIES LLC	59	0
(d) Enter name and EIN (address) of source of indirect compensation		
PRINCIPAL	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. RATE OF .25% OF SALES AND .05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	
91-1801401		

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
J.P.MORGAN SECURITIES LLC	59	0
(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.	
PUTNAM 26-0334814	RATE OF .25% OF SALES AND .05% OF AVERAGE DAILY BALANCE; FIXED RATE \$40,000	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
J.P.MORGAN SECURITIES LLC	59	0
(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.	
TRANSAMERICA CAPITAL 95-3141953	RATE OF .25% OF SALES AND 0.05% OF AVERAGE NET ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT-WEST LIFE & ANNUITY INSURANCE	15 64	0
(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.	
J.P.MORGAN SECURITIES LLC 13-4110995	RATE OF 25% OF FEES COLLECTED BY J.P.MORGAN SECURITIES LLC FOR BROKERAGE ACCOUNT SERVICES.	

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
GREAT-WEST LIFE & ANNUITY INSURANCE	15 64	0
(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.	
MILLENIUM TRUST COMPANY 820 JONES BLVD OAK BROOK, IL 60523	PAYMENTS OF UP TO \$10.00 PER ROLLOVER ACCOUNT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE INTERPUBLIC GROUP OF COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>13-1024020</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>		
c EIN-PN <u>30-0224496-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>178510827</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMART RETIREMENT DRE 2040-CF</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>		
c EIN-PN <u>20-3063440-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>93865619</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIQUIDITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>		
c EIN-PN <u>13-6285055-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10044013</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMART RETIREMENT DRE 2045-CF</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>		
c EIN-PN <u>20-5819388-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>105806742</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMART RETIREMENT DRE 2055-CF</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>		
c EIN-PN <u>13-6038769-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8274601</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMART RETIREMENT DRE 2015-CF</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>		
c EIN-PN <u>20-3063321-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21870579</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMART RETIREMENT DRE 2020-CF</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u>		
c EIN-PN <u>20-3063359-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46046470</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2025-CF**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-5819098-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55844559
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2030-CF**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-3063387-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79738663
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2035-CF**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-5819181-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91688067
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE INCOME-CF**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-6063490-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17184919
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S AND P 500 INDEX FUND CLASS-C**b** Name of sponsor of entity listed in (a): STATE STREET

c EIN-PN 04-0025081-066	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2050-CF**b** Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-5819476-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25205171
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE INTERPUBLIC GROUP OF COMPANIES, INC.	D Employer Identification Number (EIN) 13-1024020	

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)	5685810	6860406
(2) Participant contributions	1b(2)	3699857	3762702
(3) Other.....	1b(3)	75788	2856335
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	228880	4575804
(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)	106436894	99241278
(5) Partnership/joint venture interests	1c(5)	111957	146085
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	14635559	15060755
(9) Value of interest in common/collective trusts	1c(9)	916920996	734080230
(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)	689324008	1048836627
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	37747787	39242848

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	13126009	12286215
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1787993545	1966949285

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	751576	665611
i Acquisition indebtedness	1i		
j Other liabilities	1j	1161647	3324774
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1913223	3990385

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1786080322	1962958900
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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)	47690291	
(B) Participants	2a(1)(B)	117499589	
(C) Others (including rollovers)	2a(1)(C)	17946736	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		183136616
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	54264	
(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)	658230	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		712494
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1334405	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	53453823	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		54788228
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	116120442	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	113476428	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2644014
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-909074	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-909074

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		46920022
(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)		61889707
c Other income.....	2c		2530954
d Total income. Add all income amounts in column (b) and enter total.....	2d		351712961

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	172567416	
(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)		172567416
f Corrective distributions (see instructions)	2f		87542
g Certain deemed distributions of participant loans (see instructions)	2g		14872
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	632628	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1461757	
(4) Other	2i(4)	70168	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2164553
j Total expenses. Add all expense amounts in column (b) and enter total	2j		174834383

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		176878578
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PRICEWATERHOUSE COOPERS

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE INTERPUBLIC GROUP OF COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>13-1024020</u>

Part I	Distributions
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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	<u>0</u>
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): <u>43-1796706</u> <u>84-1455663</u>		
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	

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
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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
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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.
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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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

The Interpublic Group of Companies, Inc. Savings Plan

**Financial Statements and Supplemental Schedule
December 31, 2016 and 2015**

The Interpublic Group of Companies, Inc. Savings Plan Index

As of and For the Years Ended December 31, 2016 and 2015

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*Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of The Interpublic Group of Companies, Inc. Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Interpublic Group of Companies, Inc. Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by JP Morgan Chase Bank, N.A. and Great-West Trust Company, LLC, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Great-West Trust Company, LLC held the Plan's investment assets and executed investment transactions as of December 31, 2016 and for the period from June 29, 2016 to December 31, 2016, and that JP Morgan Chase Bank, N.A. held the Plan's investment assets and executed investment transactions as of December 31, 2015 and for the period from January 1, 2016 to June 28, 2016. The plan administrator has obtained certifications from the trustees as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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



Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustees have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

September 26, 2017

The Interpublic Group of Companies, Inc. Savings Plan
Statements of Net Assets Available for Benefits
As of December 31, 2016 and 2015

ASSETS	2016	2015
Investments, at fair value (Note 3)	\$ 1,749,854,247	\$ 1,573,849,107
Investments, at contract value (Note 4)	189,366,670	190,191,315
Receivables:		
Company contributions receivable	6,860,406	5,685,810
Participant contributions receivable	3,762,702	3,699,857
Interest and Dividends receivable	100,070	33,849
Receivable for securities sold	2,756,265	41,939
Notes receivable from participants	15,060,755	14,635,559
Total receivables	<u>28,540,198</u>	<u>24,097,014</u>
Total assets	<u>1,967,761,115</u>	<u>1,788,137,436</u>
LIABILITIES		
Payables:		
Payable for securities purchased	3,324,774	-
Administrative expenses payable	665,611	751,576
Excess contributions payable	-	1,161,647
Total liabilities	<u>3,990,385</u>	<u>1,913,223</u>
Net assets available for benefits	<u>\$ 1,963,770,730</u>	<u>\$ 1,786,224,213</u>

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

The Interpublic Group of Companies, Inc. Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2016

ADDITIONS

Contributions:

Participant	\$	117,499,589
Company, net		47,690,291
Rollovers (Note 1)		17,946,736
Total contributions		<u>183,136,616</u>

Investment income:

Interest and dividend income		54,842,492
Net appreciation in fair value of investments		113,743,562
Net investment income		<u>168,586,054</u>

Interest income on notes receivable from participants		<u>658,230</u>
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Total additions		<u>352,380,900</u>
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DEDUCTIONS

Benefits paid to participants		172,669,830
Administrative expenses		2,164,553
Total deductions		<u>174,834,383</u>

Net increase in net assets available for benefits		177,546,517
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Net assets available for benefits

Beginning of year		<u>1,786,224,213</u>
End of year	\$	<u><u>1,963,770,730</u></u>

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

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2016 and 2015

1. Description of Plan

General

The following description of The Interpublic Group of Companies, Inc. Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan established to encourage eligible employees, as defined in the Plan document, of The Interpublic Group of Companies, Inc. (the "Company") to participate in a regular and long-term savings program. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participation

In general, all United States of America ("U.S.") based employees of the Company are eligible to participate in the Plan on the first day of the month following one month of service. A newly eligible employee enters the Plan by authorizing contributions and investing those contributions in a variety of investment options including stock and bond funds, age-based funds and self-directed funds. Company stock is not an investment option but is held by some participants that transferred into the Plan during an acquisition and had acquired the stock prior to transferring into the Plan. Participants may transfer all or a portion of their existing account balance or re-direct their future contributions to any of the investment options at any given time.

Administration

The Plan is administered by a committee appointed by the Company's Board of Directors. The recordkeeper of the Plan is Great-West Financial RPS, LLS (the "Recordkeeper"). The Plan's investments and participant loans were held by JP Morgan Chase Bank, N.A., the Plan's former trustee, through June 28, 2016. Effective June 29, 2016, investments and participant loans were transferred to Great-West Trust Company, LLC (the "Trustee") of the Plan.

Contributions

Participants may contribute to the Plan, through payroll deductions, up to 25% of their eligible wages, as defined in the Plan document. Contributions may be on a pre-tax or after-tax basis. The Internal Revenue Code ("IRC") limits the maximum amount of a participant's contributions on a pre-tax basis to \$18,000 in 2016. Contributions may be subject to certain other limitations. Participants who are at least age 50 by the last day of the calendar year, may be eligible to make catch-up contributions within the IRC limit of \$6,000 in 2016.

Participants with less than 10 years of service receive a Company matching contribution of 50% of the first 6% of their contributions. Participants with 10 or more years of service receive a Company matching contribution of 75% of the first 6% of their contributions. An additional discretionary match was contributed for 2016 based on the Company's domestic business performance. The amount of the 2016 performance based match totaled \$5,435,064 or 8.00% of each matched dollar contributed to the Plan by the participants.

Participants may make rollover contributions into the Plan representing distributions from other qualified plans. Rollovers from qualified plans were \$17,946,736 for the year ended December 31, 2016.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the Company's contributions and Plan earnings. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2016 and 2015

Payment of Benefits

On termination of service including death, disability or retirement, a participant will receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or elect to defer payment to a later date. Participants that elected distributions prior to January 1, 2002 had the option to receive either a lump-sum or annual installments.

Vesting

Participants are fully vested at all times in their own contributions and related accumulated investment earnings thereon. Participants become 100% vested in their share of Company contributions and related accumulated investment income after three years of service. Participants who retire at a minimum age of 65, become disabled, die, or cease to be employed as a result of a spin-off, sale, or merger may become vested before completing the requisite three years of service.

Forfeitures

Forfeitures of the non-vested portion of the participants' share of the Company's contributions and related accumulated investment income resulting from termination of service prior to vesting totaled \$3,483,839 and \$3,804,506 for the years ended December 31, 2016 and 2015, respectively. The Plan uses forfeitures on a monthly basis to offset Company contributions. Company contributions reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016 is net of forfeitures used totaling \$1,281,295. The ending forfeiture balance was \$3,006,470 and \$803,926 as of December 31, 2016 and 2015, respectively.

Notes Receivable from Participants

Participants may borrow up to one-half of the value of their vested account balance for either a home loan or a general loan. The principal balance must not exceed \$50,000 and must be for a minimum of \$1,000. General loans must be repaid within a five-year period; home loans must be repaid within a ten-year period. Interest is charged at rates as outlined by the Plan, which is prime plus 1%. Principal and interest may be paid ratably through monthly payroll deductions. Repayment of the entire balance is permitted at any time. Terms and maturities of participant loans issued by pre-merger plans may differ. Participants who terminate employment will be required to repay the loan amount, plus accrued interest, to the Plan within 90 days. Participants who default on loans will be taxed on the amount of the outstanding loan balance. Interest rates on outstanding loans at December 31, 2016 and 2015 ranged from 4.25% to 9.25%.

Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

2. Summary of Accounting Policies

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for insurance contracts and fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the U.S. requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities, if any, at the date of the financial statements. Actual results could differ from those estimates.

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2016 and 2015

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded on the accrual basis. Net depreciation in the fair value of investments consists of realized gains and losses and the change in unrealized appreciation and depreciation in investments for the year.

Administrative Expenses

Plan participants pay investment management and trustee fees and may share certain other administrative costs of the Plan with the Company. Substantially all administrative and trustee fees are reflected in the calculation of each investment's net asset value ("NAV"). Additional expenses are paid and recorded by the Company and include salaries and overhead related to Plan Administration.

Benefit Payments

Benefits are recorded when paid.

Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions.

Contributions Receivable

Company and participant contributions receivable represent amounts due to the Plan by the Company, as a result of timing.

Notes Receivable from Participants

Notes receivable from participants are measured at unpaid principle balance plus accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

3. Fair Value Measurements

Authoritative guidance for fair value measurements establishes a fair value hierarchy which requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The Plan primarily applies the market approach for recurring fair value measurements. There are three levels of inputs that may be used to measure fair value.

- | | |
|---------|--|
| Level 1 | Unadjusted quoted prices in active markets for identical assets or liabilities. An active market for the asset or liability is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis. |
| Level 2 | Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. |
| Level 3 | Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. |

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2016 and 2015

The following is a description of the Plan's valuation methodologies for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015. The methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

Cash and cash equivalents are highly liquid investments with original maturities of 90 days or less at the date of purchase and these assets are classified within Level 1 of the fair value hierarchy.

Self-directed brokerage accounts primarily consist of interest-bearing cash, common and preferred stocks and registered investment companies that are valued daily based upon readily determined market prices and are classified within Level 1 of the fair value hierarchy.

Common stocks and American depository receipts are valued daily based upon the closing price of the active market on which the individual securities are traded and are classified within Level 1 of the fair value hierarchy.

Registered investment companies are valued daily based on quoted market prices in active markets and are classified within level 1 of the fair value hierarchy.

Synthetic investment contracts ("SIC's") are stated at contract value. As of December 31, 2016 and 2015, individual underlying assets of the SICs consist of Common/collective trust funds ("CCT's") which are valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund minus its liabilities, then divided by the number of shares outstanding.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value at December 31, 2016 and 2015.

Investments at Fair Value as of December 31, 2016				
<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and Cash Equivalents	\$ 4,575,804	\$ -	\$ -	\$ 4,575,804
Self-Directed Brokerage Account	36,595,364	-	-	36,595,364
Common Stock	111,527,493	-	-	111,527,493
American Depository Receipts	2,793,569	-	-	2,793,569
Registered Investment Companies	1,048,836,627	-	-	1,048,836,627
Total assets in the fair value hierarchy	<u>\$ 1,204,328,857</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,204,328,857</u>
Investments measured at net asset value ^(a)				545,525,390
Investments at fair value				<u>\$ 1,749,854,247</u>

Investments at Fair Value as of December 31, 2015				
<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and Cash Equivalents	\$ 228,880	\$ -	\$ -	\$ 228,880
Self-Directed Brokerage Account	33,716,179	-	-	33,716,179
Common Stock	121,505,605	-	-	121,505,605
American Depository Receipts	2,152,901	-	-	2,152,901
Registered Investment Companies	689,324,008	-	-	689,324,008
Total assets in the fair value hierarchy	<u>\$ 846,927,573</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 846,927,573</u>
Investments measured at net asset value ^(a)				726,921,534
Investments at fair value				<u>\$ 1,573,849,107</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2016 and 2015

The following tables for December 31, 2016 and 2015 set forth a summary of the Plan's investments that are measured at fair value using NAV per share as a practical expedient.

Fair Value Estimated Using Net Asset Value per Share as of December 31, 2016					
<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Settlement Terms</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
JPMCB SmartRetirement DRE Income CF Fund	\$ 17,184,919	\$ -	1 day	*	*
JPMCB Target Date Retirement DRE CF Funds	528,340,471	-	1 day	*	*
Total	<u>\$ 545,525,390</u>	<u>\$ -</u>			

- * Redemption frequency is daily for participants and quarterly for the Plan Sponsor, excluding any suspension in market trading. Redemption notice period is 2:30pm same day for participants and in writing 60 days before a calendar quarter end for the Plan Sponsor (to be effective the last business day of the quarter). This applies to all partial and full redemptions, including, but not limited to, corporate actions and proactive movements of assets from one vintage to another.

Fair Value Estimated Using Net Asset Value per Share as of December 31, 2015					
<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Settlement Terms</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
JPMCB SmartRetirement DRE Income CF Fund	\$ 16,969,408	\$ -	1 day	*	*
JPMCB Target Date Retirement DRE CF Funds	465,191,107	-	1 day	*	*
SSgA S&P 500 Index Fund - Class C	244,761,019	-	1 day	**	**
Total	<u>\$ 726,921,534</u>	<u>\$ -</u>			

- * Redemption frequency is daily for participants and quarterly for the Plan Sponsor, excluding any suspension in market trading. Redemption notice period is 2:30pm same day for participants and 60 days for the Plan Sponsor.
- ** Redemption notice period is up to 8:30am next day for participants and the Plan sponsor however, a 15 day notice period is required for contributions or withdrawals of a significant size, as determined by State Street Global Advisors.

4. Fully Benefit-Responsive Investment Contracts

The Plan holds a portfolio of synthetic investment contracts. These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The following represents the type of investment contracts held by the Plan:

	As of December 31,	
	2016	2015
Synthetic investment contracts	\$ 189,366,670	\$ 190,191,315
Total	<u>\$ 189,366,670</u>	<u>\$ 190,191,315</u>

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2016 and 2015

A SIC is a wrap contract paired with an underlying investment or investments, usually a portfolio, owned by the Plan, of high-quality, intermediate term fixed income securities. The Plan purchases a wrapper contract from a financial services institution with the intent of maintaining a stable contract value. A SIC provides for a variable crediting rate, which typically resets at least quarterly, and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The crediting rate is primarily based on the current yield-to-maturity of the covered investments, plus or minus the amortization of the difference between the fair value and contract value of the covered investments over the duration of the covered investments at the time of computation. The crediting rate is most impacted by the change in the annual effective yield to maturity of the underlying securities, but is also affected by the differential between the contract value and the fair value of the covered investments. This difference is amortized over the duration of the covered investments. Depending on the change in duration from reset period to reset period, the magnitude of the impact to the crediting rate of the contract to market difference is heightened or lessened. The difference between the fair value of the underlying assets and the contract value of the SICs is the adjustment to contract value. The contract value of the SIC represents accumulated contributions made plus earnings, less Plan withdrawals and administrative expenses. The fair value of the wrapper is the difference between the present value of the replacement cost and the present value of the actual cost.

The wrapper contracts can be terminated at a value other than contract value only under a limited number of specific circumstances including, termination of the Plan or loss of the Plan's qualified status, material misrepresentations by the Plan sponsor or investment manager or failure by these same parties to meet material obligations under the contract, or similar type events.

The wrapper contracts permit all participant initiated transactions as allowed by the Plan to occur at contract value. There are no known events such as bankruptcy, layoffs, mergers, divestitures, corporate actions or significant Plan changes, which are probable of occurring which will limit the ability of the Plan to transact at contract value with the issuers and also limit the ability of the Plan to transact at contract value with the participants.

There is no guarantee as to the future financial condition of the wrap issuer. The wrap issuer's ability to meet its contractual obligations under the respective wrap contracts may be affected by future economic and regulatory developments in the insurance industries.

5. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market values of investments decline for a number of reasons including changes in prevailing market and interest rates, and increases in defaults and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Financial instruments that potentially subject the Plan to significant concentrations of credit risk consist principally of SICs. The Plan, through its investment in a SIC has credit exposure with the financial institution that is the holder of the wrap contract. The contract holders are rated AA- at December 31, 2016 and 2015, and the Plan has not experienced any material credit losses on its investments.

6. Tax Status

The Internal Revenue Service (the "IRS") determined and informed the Company, by a letter dated June 19, 2013, that the Plan was in compliance with the applicable requirements of the IRC. The Plan has been amended since the receipt of the determination letter. The Company and tax counsel believe that the Plan is currently being operated in compliance with the applicable requirements of the IRC; therefore, no provision for income taxes has been included in the Plan's financial statements.

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2016 and 2015

Accounting principles generally accepted in the U.S. require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

In March 2013, the Company was informed by the IRS that the Plan is undergoing examination and that as part of an audit of the Company's qualified plans, they will perform an audit of the Plan for the year ended December 31, 2011. The audit was completed on November 12, 2015. The audit findings did not have a material effect on the Plan.

7. Information Certified by the Trustees

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all of the investments, notes receivable from participants and investment income information in the accompanying financial statements and related notes excluding the fair value leveling in Note 3 as of December 31, 2016 and 2015 and for the year ended December 31, 2016, as well as the Schedule of Assets (Held at End of Year) as of December 31, 2016, was derived from information certified as complete and accurate by the Trustees and was not subject to any audit procedures by our independent auditors, except for comparing such information with the related information provided by the Trustees.

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2016 and 2015

The following is a summary of the Plan's financial information and data certified by the Trustees:

	As of December 31,	
	2016	2015
ASSETS		
Investments at Fair Value:		
Cash and cash equivalents	\$ 4,575,804	\$ 228,880
Common stocks	111,527,493	121,505,605
American depository receipts	2,793,569	2,152,901
Registered investment companies	1,048,836,627	689,324,008
Self-directed brokerage account	36,595,364	33,716,179
Total Investments at Fair Value	1,204,328,857	846,927,573
Investments at Net Asset Value:		
Common/collective trusts	545,525,390	726,921,534
Total Investments at Net Asset Value	545,525,390	726,921,534
Investments at Contract Value:		
Investment contracts	189,366,670	190,143,353
Wrapper	-	47,962
Total Investments at Contract Value	189,366,670	190,191,315
Total Investments	1,939,220,917	1,764,040,422
Receivables:		
Accrued Interest and Dividends	100,070	33,849
Due from brokers for securities sold	2,756,265	41,939
Notes receivable from participants	15,060,755	14,635,559
Total Receivables	17,917,090	14,711,347
Total Assets	\$ 1,957,138,007	\$ 1,778,751,769
LIABILITIES		
Payables:		
Securities purchased	3,324,774	-
Total Liabilities	\$ 3,324,774	\$ -

For the year ended December 31, 2016, the Plan's total income/(loss) is as follows:

	Year Ended December 31,
	2016
Common stocks	\$ 3,481,983
Registered investment companies	61,889,707
Common/collective trusts	43,760,985
Synthetic investment contracts	3,632,924
Other	977,963
Net appreciation/(depreciation) in fair value of investments	113,743,562
Interest and dividend income	54,842,492
Interest income on notes receivable from participants	658,230
Total Income/(loss) Reported by Trustees	\$ 169,244,284

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2016 and 2015

8. Related-Party Transactions

The Trustee and Empower Retirement, a subsidiary of the Trustee, provide recordkeeping services to the Interpublic Savings Plan. Fees paid by the Plan to the Trustee totaling \$ 772,632 for the year ended December 31, 2016 qualify as party-in-interest transactions.

JPMorgan Chase manages certain investments in their sponsored funds. Fees paid by the Plan to JPMorgan prior to Great-West Trust Company, LLC assuming trustee responsibilities total \$ 419,332 for the year ended December 31, 2016 qualify as party-in-interest transactions.

Company stock transactions qualify as party-in-interest transactions. The Plan held Company stock totaling \$12,286,215 and \$13,126,009, at December 31, 2016 and 2015, respectively. The closing price per share at December 31, 2016 and 2015 was \$23.41 and \$23.28, respectively. During 2016, Company stock was not purchased by the Plan; however, there was \$1,140,855 of Company stock sold and \$ 109,609 of Company stock distributed in kind.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 and 2015, to the Plan's Form 5500:

	<u>December 31, 2016</u>	<u>December 31, 2015</u>
Net assets available for benefits per financial statements	\$ 1,963,770,730	\$ 1,786,224,213
Adjustment from contract value to fair value for fully benefit responsive investment contracts	(811,830)	(143,891)
Net assets available for benefits per Form 5500	<u>\$ 1,962,958,900</u>	<u>\$ 1,786,080,322</u>

The following is a reconciliation of the investment income per the financial statements at December 31, 2016 the Plan's Form 5500:

Net investment income per financial statements	\$ 168,586,054
Interest income on notes receivable from participants	658,230
Adjustments from contract value to fair value for fully benefit responsive investment contracts	(667,939)
Total investment income per Form 5500	<u>\$ 168,576,345</u>

10. Subsequent Events

The Plan Sponsor has evaluated subsequent events from the statement of net assets available for plan benefits date through September 26, 2017, the date at which the financial statements were available to be issued.

Effective January 1, 2017, employees of The Brooklyn Brothers, LLC, a wholly owned subsidiary of the Company, became eligible to participate in the Plan. On April 12, 2017, assets of The Brooklyn Brothers Plan totaling \$ 374,310 were transferred into the Plan.

Effective January 1, 2017, employees of Revive Public Relations, a wholly owned subsidiary of the Company, became eligible to participate in the Plan. On April 12, 2017, assets of the Revive Public Relations 401(k) Profit Sharing Plan totaling \$ 2,321,204 were transferred into the Plan.

The Interpublic Group of Companies, Inc. Savings Plan
Notes to the Financial Statements
As of and For the Years Ended December 31, 2016 and 2015

Effective January 1, 2017, employees of Speck Product Design, LLC, a wholly owned subsidiary of the Company, became eligible to participate in the Plan. On April 14, 2017, assets of the Speck Design 401(k) Plan totaling \$ 525,328 were transferred into the Plan.

The Plan received a favorable determination letter from the Internal Revenue Service (the “IRS”) dated April 19, 2017, stating that the Plan is qualified under the Internal Revenue Code (IRS) and therefore, is exempt from income tax.

The Interpublic Group of Companies, Inc. Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2016

Identity of issue, borrower, lessor, or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current value
* JPMORGAN FUNDS US TREASURY PLUS MONEY MARKET FUND	CASH & CASH EQUIVALENTS	**	\$	4,575,804
ACUTY BRANDS INC	COMMON STOCK	**		1,350,531
ADOBE SYSTEMS INC	COMMON STOCK	**		1,793,389
ALEXION PHARMACEUTICALS INC	COMMON STOCK	**		661,914
ALPHABET INC CL.A	COMMON STOCK	**		7,369,785
AMAZON.COM INC	COMMON STOCK	**		6,389,642
ARAMARK HOLDINGS CORP	COMMON STOCK	**		1,111,606
BAXTER INTERNATIONAL INC	COMMON STOCK	**		1,475,635
BIOGEN INC	COMMON STOCK	**		649,398
BOSTON SCIENTIFIC CORP	COMMON STOCK	**		1,554,548
BROADCOM LTD	COMMON STOCK	**		2,252,050
CELGENE CORP	COMMON STOCK	**		2,981,025
CHARTER COMMUNICATIONS INC CL.A	COMMON STOCK	**		2,758,274
CONSTELLATION BRANDS INC	COMMON STOCK	**		1,856,584
ELECTRONIC ARTS INC	COMMON STOCK	**		2,189,528
FACEBOOK INC	COMMON STOCK	**		2,610,485
FIDELITY NATL INFORMATION SVCS	COMMON STOCK	**		2,769,937
GARTNER INC CL.A	COMMON STOCK	**		1,231,033
HARRIS CORP	COMMON STOCK	**		2,128,302
HOME DEPOT INC	COMMON STOCK	**		3,294,346
INTERCONTINENTAL EXCHANGE INC	COMMON STOCK	**		2,433,395
INTUITIVE SURGICAL INC	COMMON STOCK	**		1,522,008
JOHNSON CONTROLS INTERNATIONAL	COMMON STOCK	**		1,946,227
KANSAS CITY SOUTHERN	COMMON STOCK	**		1,350,812
MICROSOFT CORP	COMMON STOCK	**		3,774,384
MONSTER BEVERAGE CORP	COMMON STOCK	**		1,762,072
NORTHROP GRUMMAN CORP	COMMON STOCK	**		1,753,653
O'REILLY AUTOMOTIVE INC	COMMON STOCK	**		1,901,540
PAYPAL HOLDINGS INC	COMMON STOCK	**		2,117,960
REYNOLDS AMERICAN INC	COMMON STOCK	**		1,686,804
ROYAL CARIBBEAN CRUISES LTD	COMMON STOCK	**		1,320,024
S&P GLOBAL INC	COMMON STOCK	**		1,464,695
SALESFORCE COM INC	COMMON STOCK	**		1,710,542
SERVICENOW INC	COMMON STOCK	**		1,008,050
SHERWIN-WILLIAMS CO	COMMON STOCK	**		1,585,566
SPIRIT AIRLINES INC	COMMON STOCK	**		1,588,836
STARBUCKS CORP	COMMON STOCK	**		2,608,885
SYMANTEC CORP	COMMON STOCK	**		1,898,777
TJX COMPANIES INC	COMMON STOCK	**		2,217,086
TRANSUNION	COMMON STOCK	**		1,261,264
ULTIMATE SOFTWARE GROUP INC	COMMON STOCK	**		1,309,273
UNITEDHEALTH GROUP INC	COMMON STOCK	**		3,664,916
VISA INC CL.A	COMMON STOCK	**		4,009,448
VULCAN MATERIALS CO	COMMON STOCK	**		1,571,884
WASTE CONNECTIONS INC	COMMON STOCK	**		3,309,739
YUM BRANDS INC	COMMON STOCK	**		2,035,426
NINTENDO CO LTD	ADR	**		1,159,446
TENCENT HOLDINGS LTD	ADR	**		1,634,123

The Interpublic Group of Companies, Inc. Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2016

Description of Investment including maturity date, rate of interest, collateral,			
Identity of issue,borrower, lessor, or similar party	par or maturity value	Cost	Current value
* JPMCB SMARTRETIREMENT DRE 2015 CF	COMMON/COLLECTIVE TRUST	**	21,870,579
* JPMCB SMARTRETIREMENT DRE 2020 CF	COMMON/COLLECTIVE TRUST	**	46,046,470
* JPMCB SMARTRETIREMENT DRE 2025 CF	COMMON/COLLECTIVE TRUST	**	55,844,559
* JPMCB SMARTRETIREMENT DRE 2030 CF	COMMON/COLLECTIVE TRUST	**	79,738,663
* JPMCB SMARTRETIREMENT DRE 2035 CF	COMMON/COLLECTIVE TRUST	**	91,688,067
* JPMCB SMARTRETIREMENT DRE 2040 CF	COMMON/COLLECTIVE TRUST	**	93,865,619
* JPMCB SMARTRETIREMENT DRE 2045 CF	COMMON/COLLECTIVE TRUST	**	105,806,742
* JPMCB SMARTRETIREMENT DRE 2050 CF	COMMON/COLLECTIVE TRUST	**	25,205,171
* JPMCB SMARTRETIREMENT DRE 2055 CF	COMMON/COLLECTIVE TRUST	**	8,274,601
* JPMCB SMARTRETIREMENT DRE INCOME CF	COMMON/COLLECTIVE TRUST	**	17,184,919
AMERICAN FUNDS EUROPACIFIC GR R6	REGISTERED INVESTMENT COMPANY	**	150,351,253
ROYCE PREMIER INSTL	REGISTERED INVESTMENT COMPANY	**	142,370,620
DODGE & COX STOCK FUND	REGISTERED INVESTMENT COMPANY	**	309,996,264
VANGUARD INSTITUTIONAL INDEX INSTL PL	REGISTERED INVESTMENT COMPANY	**	285,992,289
JHANCOCK INCOME R6	REGISTERED INVESTMENT COMPANY	**	65,580,953
PIMCO HIGH YIELD INSTL	REGISTERED INVESTMENT COMPANY	**	58,309,686
VANGUARD TOTAL BOND MARKET INDEX INST	REGISTERED INVESTMENT COMPANY	**	36,235,562
* EMPOWER BROKERAGE	SELF-DIRECTED BROKERAGE	**	36,449,279
PUBLICLY TRADED PARTNERSHIPS	SELF-DIRECTED BROKERAGE	**	146,085
* THE INTERPUBLIC GROUP of COMPANIES, INC	COMPANY STOCK	**	12,286,215
SYNTHETIC GUARANTEED INVESTMENT CONTRACTS:			
* JPMAM /TRANSAMERICA	INVESTMENT CONTRACT	**	59,342,150
* JPMAM / STATE STREET BANK	INVESTMENT CONTRACT	**	59,587,485
* JPMAM / PRUDENTIAL	INVESTMENT CONTRACT	**	59,581,192
* JPMCB LIQUIDITY FUND	INVESTMENT CONTRACT	**	10,044,013
TOTAL SYNTHETIC GUARANTEED INVESTMENT CONTRACTS			188,554,840
* NOTES RECEIVABLE FROM PARTICIPANTS	LOANS, UP TO 20 YEARS MATURITY WITH INTEREST RATES 4.25% TO 9.25%	**	15,060,755
			\$ 1,953,469,842

* A party-in-interest as defined by ERISA

** The information in this supplemental schedule has been certified as to its completeness and accuracy by Great-West Trust Company, LLC, the trustee of the Plan. All investments are participant-directed. As allowed by the IRS, cost information is not required to be presented for participant-directed investments.

The Interpublic Group of Companies, Inc. Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2016

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* NOTES RECEIVABLE FROM PARTICIPANTS	LOANS, UP TO 20 YEARS MATURITY WITH INTEREST RATES 4.25% TO 9.25%		**	15,060,755
				<u>\$ 1,953,469,842</u>

* A party-in-interest as defined by ERISA

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