

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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 ☐ automatic extension ☒ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>THE INTERPUBLIC RETIREMENT ACCOUNT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/12/1943</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 3RD AVE</u> <u>NEW YORK, NY 10022-4731</u>	2b	Employer Identification Number (EIN) <u>13-1024020</u>
		2c	Plan Sponsor's telephone number <u>212-794-1200</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.	09/14/2021	KEN LAREAU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2021	KEN LAREAU
	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

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

Form 5500 (2019)
v. 190130

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;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3217
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> 6a(1) 259 6a(2) 227 6b 818 6c 1927 6d 2972 6e 182 6f 3154 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 1I 3H

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

9a Plan funding arrangement (check all that apply) (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)** ☐ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
--	--	---

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

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

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

A Name of plan <u>THE INTERPUBLIC RETIREMENT ACCOUNT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE INTERPUBLIC GROUP OF COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>13-1024020</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>90614130</u>
b Actuarial value	2b <u>96842541</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>936</u> (2) Vested Funding Target <u>61343290</u> (3) Total Funding Target <u>61343290</u>
b For terminated vested participants.....	<u>2022</u> <u>35346049</u> <u>35346049</u>
c For active participants	<u>259</u> <u>6385337</u> <u>6491739</u>
d Total.....	<u>3217</u> <u>103074676</u> <u>103181078</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.40</u> %
6 Target normal cost.....	6 <u>1450000</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>MARK E SHIVE F.S.A., E.A.</u>	<u>09/13/2021</u> Date
Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u>	<u>20-08352</u> Most recent enrollment number
Firm name <u>8 CAMPUS DRIVE</u> <u>4TH FLOOR</u> <u>PARSIPPANY, NJ 07054</u>	<u>973-290-2500</u> Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1064568
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1064568
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-7.30</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1497
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-109
c Total available at beginning of current plan year to add to prefunding balance		1388
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	93.85 %
15 Adjusted funding target attainment percentage	15	93.85 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.28 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2019	550000	0	09/11/2020	5200	0
07/11/2019	550000	0			
10/11/2019	550000	0			
01/10/2020	550000	0			
04/10/2020	700000	0			
01/04/2021	1285000				
Totals ▶			18(b)	4190200	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3941380

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

56

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 1450000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 6338537 Installment 1335396**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 2785396

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

36 Additional cash requirement (line 34 minus line 35) **36** 2785396**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 3941380**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 1155984**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE INTERPUBLIC RETIREMENT ACCOUNT PLAN	B Three-digit plan number (PN) ▶	001
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)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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)

WELLS FARGO

56-1354495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	PARTY IN INTEREST	75598	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON

04-2767481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	58189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN

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?
28	NONE	125077	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)

NEPC

04-2927339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	9723	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE ASSET MANAGEMENT

59-2385219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	32227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 2019 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>THE INTERPUBLIC RETIREMENT ACCOUNT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB LIQUIDITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK NA</u>		
c EIN-PN <u>13-6285055-000</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>7564</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL EMERGING MARKETS COUNTRYFUND</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON (CITY OF LONDON EMEA)</u>		
c EIN-PN <u>04-3265343-000</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>2988995</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 1000 INDEX FU</u>		
b Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>45-6138589-000</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>5436828</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF-US RESEARCH EQUITYPORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>		
c EIN-PN <u>90-6110062-000</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>5345430</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB LONG CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK NA</u>		
c EIN-PN <u>20-3063321-000</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>48313899</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE INTERPUBLIC RETIREMENT ACCOUNT PLAN		B Three-digit plan number (PN) ► 001
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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	800000	2538200
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	35096	23636
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2710221	2945587
(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)	2760471	3431633
(5) Partnership/joint venture interests	1c(5)	8189754	12869350
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	63117246	62092716
(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)	13015606	17968684
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	37	37

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	90628431	101869843

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	74769	87479
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	1434
k Total liabilities (add all amounts in lines 1g through 1j)	1k	74769	88913

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	90553662	101780930
---	-----------	----------	-----------

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)	4188200	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4188200
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	52286	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		52286
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	960248	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		960248
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	117771	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		117771
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1982711	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1982711

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13866903
(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)		999883
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		22168002

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9247896	
(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)		9247896
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	9723	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	217838	
(4) Other	2i(4)	1465277	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1692838
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10940734

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11227268
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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: PRICEWATERHOUSECOOPERS

(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			

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

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

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

5c 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 4230587. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE INTERPUBLIC RETIREMENT ACCOUNT PLAN		B Three-digit plan number (PN) ▶ 001
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 5
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		☒ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?		☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?		☐ Yes ☐ No ☐ N/A
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.		
☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 31.2 % Investment-Grade Debt: 58.2 % High-Yield Debt: 0.9 % Real Estate: 0.4 % Other: 9.3 %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Interpublic Retirement Account Plan

**Financial Statements and Supplemental Schedules
December 31, 2019 and 2018**

Interpublic Retirement Account Plan

Index

As of and For the Years Ended December 31, 2019 and 2018

	Page(s)
Report of Independent Auditors	1 - 2
Financial Statements	
Statements of Net Assets Available for Benefits As of December 31, 2019 and 2018	3
Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2019 and 2018	4
Statement of Accumulated Plan Benefits As of December 31, 2018	5
Statement of Changes in Accumulated Plan Benefits For the Year Ended December 31, 2018	6
Notes to Financial Statements	7 – 16
Supplemental Schedules *	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) As of December 31, 2019	17 – 19
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of within Year) For the Year Ended December 31, 2019	20
Schedule H, Line 4j – Schedule of Reportable Transactions – Single Transactions For the Year Ended December 31, 2019	21
Schedule H, Line 4j – Schedule of Reportable Transactions – Series of Transactions For the Year Ended December 31, 2019	22

*Other schedules required under 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 Interpublic Retirement Account Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Interpublic Retirement Account Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2018 and the related statement of changes in accumulated plan benefits for the year then ended, 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 9, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019 and 2018 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

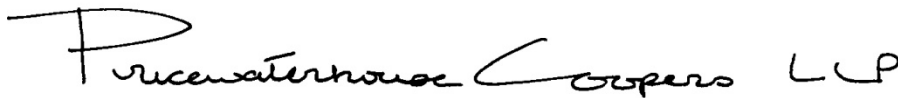
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

Other Matter

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2019, Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2019, Schedule H, Line 4j - Schedule of Reportable Transactions – Single Transactions for the year ended December 31, 2019, and Schedule H, Line 4j - Schedule of Reportable Transactions – Series of Transactions for the year ended December 31, 2019 are 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 are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

October 22, 2020

Interpublic Retirement Account Plan
Statements of Net Assets Available for Benefits
As of December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments, at fair value (see Note 9):		
Cash and cash equivalents	\$ 2,945,587	\$ 2,710,221
Common stocks	3,431,633	2,760,471
Registered investment companies	17,968,684	13,015,606
Limited liability company	12,869,350	8,189,754
Common/collective trusts	62,092,716	63,117,246
Bond	37	37
Total investments, at fair value	<u>99,308,007</u>	<u>89,793,335</u>
Receivables:		
Contributions receivable (see Note 2)	2,538,200	800,000
Due from Trustee (see Note 2)	3,603	2,520
Accrued interest and dividends	7,521	24,839
Securities sold	12,512	7,737
Total receivables	<u>2,561,836</u>	<u>835,096</u>
Total assets	<u>101,869,843</u>	<u>90,628,431</u>
LIABILITIES		
Payables:		
Securities purchased	1,434	-
Administrative expenses payable	87,479	74,769
Total liabilities	<u>88,913</u>	<u>74,769</u>
Net assets available for benefits	<u>\$ 101,780,930</u>	<u>\$ 90,553,662</u>

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

Interpublic Retirement Account Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2019 and 2018

	2019	2018
ADDITIONS		
Investment income/(loss):		
Net appreciation/(depreciation) in fair value		
of investments	\$ 16,967,268	\$ (7,637,280)
Interest	52,286	39,422
Dividends	960,248	812,822
Total investment income/(loss) (see Note 9)	<u>17,979,802</u>	<u>(6,785,036)</u>
Company contributions	<u>4,188,200</u>	<u>1,200,000</u>
Total net additions	<u>22,168,002</u>	<u>(5,585,036)</u>
DEDUCTIONS		
Benefit payments	9,247,896	9,483,416
Administrative expenses	<u>1,692,838</u>	<u>1,234,413</u>
Total deductions	<u>10,940,734</u>	<u>10,717,829</u>
Net increase/(decrease)	11,227,268	(16,302,865)
Net assets available for benefits		
Beginning of year	<u>90,553,662</u>	<u>106,856,527</u>
End of year	<u>\$ 101,780,930</u>	<u>\$ 90,553,662</u>

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

Interpublic Retirement Account Plan
Statement of Accumulated Plan Benefits
As of December 31, 2018

Actuarial present value of accumulated plan benefits:

Vested benefits as of latest valuation date:

Participants currently receiving payments	\$ 53,740,400
Other participants	<u>33,597,354</u>
Total vested benefits	87,337,754

Nonvested benefits	<u>65,351</u>
--------------------	---------------

Total actuarial present value of accumulated plan benefits	<u>\$ 87,403,105</u>
---	-----------------------------

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

Interpublic Retirement Account Plan

Statement of Changes in Accumulated Plan Benefits

For the Year Ended December 31, 2018

Actuarial present value of accumulated plan benefits at beginning of year (Note 2)	\$ 98,746,875
Increase/(decrease) during the year attributed to:	
Increase for interest due to the decrease in the discount period	6,587,425
Benefits paid	(9,483,416)
Actuarial (gains) and losses	(6,113,756)
Change in actuarial assumptions	<u>(2,334,023)</u>
Net (decrease)	(11,343,770)
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 87,403,105</u>

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

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

1. Description of Plan

General

The following description of the Interpublic Retirement Account Plan (the "Plan") provides general plan information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is sponsored by The Interpublic Group of Companies, Inc. (the "Company") and is a defined benefit plan under which the Company's contribution to the Plan and payments to participants are determined by actuarial computation. The Plan's administrator is the Management Human Resources Committee of the Company's Board of Directors and the Trustee of the Plan is Wells Fargo Bank, N.A. (the "Trustee").

Pension Benefits

Legacy Plan Pension Benefits - Through March 31, 1998, the Plan covered substantially all regular domestic employees. The Company froze benefit accruals and participation under the Plan effective April 1, 1998. Participant account balances became frozen and will be credited with interest each year based on the one-year Treasury Constant Maturity for the month of November of the immediately preceding calendar year plus 100 basis points. The minimum rate is 5%, except if that rate is greater than a market rate of return, the Plan shall instead reduce such minimum interest crediting rate to the highest minimum interest crediting rate permitted under section 411(b)(5) of the Internal Revenue Code, but only for the period and to the extent required by section 411(b)(5) of the Internal Revenue Code. The interest crediting rate participants received in 2019 and 2018 was 5%. Except for certain benefits attributable to death and disability expected to occur during active service, participant account balances are fully vested in the Plan. In 1992, the Plan was amended to provide new plan participants a cash balance benefit as opposed to a career pay formula benefit which was the previous plan formula prior to the amendment. Under the cash balance benefit, participants were credited with an annual allocation equal to a percentage of their compensation, ranging from 1.5% to 5.0%, based on the participant's age and years of service. For pre-1992 participants, the benefit is the greater of the cash balance account or the career pay formula benefit. Under the career pay formula benefit, annual accruals were earned based on 1.0% of compensation up to \$15,000 plus 1.3% of compensation above \$15,000.

Normal retirement age under the Plan is defined as the later of age 65 or the 5th anniversary of the date on which a participant first becomes a participant in the Plan. The Plan permits early retirement between ages 50 and 65 for participants that completed at least 10 years of credited service as defined by the Plan. At retirement, participants who terminated from employment after 1992 may elect to receive their pension benefits as a lump-sum distribution or in the form of an annuity (pre-1992 terminations are eligible only for an annuity). If a participant dies before retirement, a death benefit equal to the value of the participant's accumulated pension benefit will be paid to the participant's surviving spouse or designated beneficiary.

Legacy NAS Pension Benefits - The NAS plan was frozen to new participants, effective for individuals who were first hired on or after January 1, 2004. On November 1, 2006, NAS, by resolution, suspended indefinitely new benefit accruals under the Plan, effective October 28, 2006. On March 31, 2010, the NAS plan merged into the Plan. NAS participants are entitled to a monthly pension benefit beginning at the normal retirement age of 65. The monthly pension benefit is calculated as the sum of 1.3% of average monthly compensation, plus 0.6% of the amount by which the average monthly compensation exceeds the quotient of Social Security taxable earnings divided by twelve, multiplied by years of service (to a maximum of twenty-five); the product will be reduced by the monthly benefit provided by the terminated prior plan. Early retirement is permitted at ages 55 through 64. The standard form of retirement benefit payout is a life annuity guaranteed for a minimum of five years. If the participant is married, the benefit will automatically be paid in the form of an actuarially reduced joint and survivor annuity unless the participant elects otherwise with spousal consent. Participants may elect to receive

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

the value of their benefits as a lump sum distribution, other monthly payments or other types of joint and survivor annuities. Participants with five years or more of eligible service have a nonforfeitable right to receive 100% of their accrued benefit. A terminated participant's nonforfeitable accrued benefit is payable at age 65, however, actuarially reduced benefits may be received prior to age 65.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Use of Estimates

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

Investment Valuation

Investments are reported at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Investment Transactions and Investment Income

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Gains and losses on investments sold are determined on the average cost basis. Net appreciation/(depreciation) in fair value of investments consists of realized gains and losses and the change in unrealized appreciation and depreciation on investments for the year.

Administrative Expenses

Some administrative expenses are paid from Plan assets and primarily consist of investment consulting fees, Trustee fees, and Pension Benefit Guaranty Corporation ("PBGC") fees. Additional expenses are paid and recorded by the Company and include salaries and overhead related to Plan administration, legal, audit and actuarial fees. Brokerage fees and transfer taxes are included in the cost of investments when purchased and deducted from the proceeds when investments are sold.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the greater of the career average pay formula or the cash balance formula. The accumulated benefits for active employees under the career average pay formula are based on a set percentage of compensation accrued in each year up through the Plan freeze date of March 31, 1998. The accumulated benefits for active employees under the cash balance formula are based on a varying percentage of compensation in each year (based on age and service) up to the Plan freeze date, and also includes annual interest credits each year up until the valuation date. Legacy NAS pension benefits are based on participants' actual compensation during their years preceding the NAS plan freeze date of October 28, 2006. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered prior to the valuation date.

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, Willis Towers Watson, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of benefit payments between the valuation date and the expected date of payment. In the December 31, 2018 and December 31, 2017 valuations, the significant actuarial assumptions were an interest rate of 7.00%, an account balance accumulation assumption of 5.10%, and an average retirement age of 56 for legacy Plan participants and age 65 for legacy NAS participants. The mortality assumption has been updated for the December 31, 2018 valuation to reflect the Pri-2012 mortality table (no collar or amount adjustments) projected generationally from 2012 using Scale MP-2019 with separate mortality rates used for contingent survivors after the primary participant's death. The mortality assumption for the December 31, 2017 valuation was based on the RP-2014 "Employees" table without collar or amount adjustments, moved back with MP-2014 projection to 2006, then projected from 2006 using Scale BB-2D with generational projection (for non-annuitants) and the RP-2014 "Healthy Annuitants" table without collar or amount adjustments, moved back with MP-2014 projection to 2006, then projected from 2006 using scale BB-2D with generational projection (for annuitants respectively). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the accumulated plan benefits.

Revision to previously issued financial statements

In preparation of the 2019 financial statements, the Company identified participants that should have been included in the Plan's obligation because they are due a benefit from the Plan. The Company also identified participants that were valued but are not eligible to receive a benefit because they have not met the Plan's vesting requirements. These errors resulted in an understatement of the actuarial present value of accumulative plan benefits previously reported as of and years prior to January 1, 2018 that had a cumulative effect amounting to \$3,363,422. The Company assessed the materiality of these errors to the previously issued financial statements and has determined the impact was not material. The Company has elected to correct the errors by revising the actuarial present value of accumulated plan benefits at the beginning of the year disclosed on the Statement of Changes in Accumulated Plan Benefits. The table below shows the effect of the revision as of January 1, 2018.

	<i>As previously reported</i>	<i>As revised</i>
Actuarial present value of accumulated plan benefits at January 1, 2018	<u>\$ 95,383,453</u>	<u>\$ 98,746,875</u>

Contributions Receivable

Employer contributions receivable represent amounts due to the Plan resulting from a formal commitment, legal or contractual obligation for the Company to make a contribution. There were contributions of \$2,538,200 and \$800,000 due to the Plan from the Company as of December 31, 2019 and 2018, respectively.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. Outstanding benefit payment disbursements of \$3,603 and \$2,520 are reported as Due from Trustee on the Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018, respectively and included as an offset to benefit payments on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2019 and 2018, respectively.

Participant pension checks that are uncashed after 90 days of issuance or are returned because the participant, beneficiary, or alternate payee cannot be located are deposited back into the Plan. These benefit payments may be reissued if the participant, beneficiary, or alternate payee makes a valid claim under the Plan.

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

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 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, 2019 and 2018. There were no transfers between Levels 1, 2 or 3 during the years ended December 31, 2019 and 2018. 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 primarily consists of investments in units of Wells Fargo Treasury Plus Money Market Fund. The Plan defines cash and cash equivalents as highly liquid investments with original maturities of 90 days or less at the date of purchase. Cash and cash equivalents are classified within Level 1 of the fair value hierarchy.

Common stocks are valued daily and are based on quoted asset values of the security. Common stocks are classified within Level 1 of the fair value hierarchy.

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

The Venezuela Bond is valued using unobservable inputs and is classified within Level 3 of the fair value hierarchy.

Common/collective trust funds ("CCT's") are valued using the NAV provided by the investment manager of the funds. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

The limited liability company (the "LLC") is valued using the NAV provided by management of the LLC. A review of holdings is performed on a quarterly basis with the assistance of third party advisors. Management relies on annual audited financial statements to assess the reasonableness of the fair value methodology.

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, 2019 and 2018.

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

Investments at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Investments:				
Cash and cash equivalents	\$ 2,945,587	\$ -	\$ -	\$ 2,945,587
Common stocks	3,431,633	-	-	3,431,633
Registered investment companies	17,968,684	-	-	17,968,684
Bond	-	-	37	37
Total investments	\$ 24,345,904	\$ -	\$ 37	\$ 24,345,941
Other investments measured at net asset value ^(a)				74,962,066
Total investments, at fair value				\$ 99,308,007

Investments at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Investments:				
Cash and cash equivalents	\$ 2,710,221	\$ -	\$ -	\$ 2,710,221
Common stocks	2,760,471	-	-	2,760,471
Registered investment companies	13,015,606	-	-	13,015,606
Bond	-	-	37	37
Total investments	\$ 18,486,298	\$ -	\$ 37	\$ 18,486,335
Other investments measured at net asset value ^(a)				71,307,000
Total investments, at fair value				\$ 89,793,335

(a) In accordance with Subtopic 820-10, certain investments that are 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 statements of net assets available for benefits.

The following tables as of December 31, 2019 and 2018 set forth a summary of the Plan's investments that are measured at fair value using reported NAV per share or its equivalent as a practical expedient.

Fair Value Estimated Using Net Asset Value per Share or its Equivalent as of December 31, 2019						
Investment	Fair Value	Unfunded Commitment	Settlement Terms*	Redemption Frequency *	Redemption Notice Period *	
Russell 1000 Equity Index Fund	\$ 5,436,828	\$ -	1 business day	Daily	(1)	
WTC-CIF-US Research Equity Portfolio	5,345,430	-	(2)	Monthly	(2)	
JPMCB Long Credit Fund **	48,313,899	-	1 business day	Daily	2:30pm of same bank business day	
JPMCB Liquidity Fund**	7,564	-	Same day as notice of redemption	Daily	12:30pm of same bank business day	
Global Emerging Markets Country Fund **	2,988,995	-	(3)	Monthly	30 days	
Clifton Defensive Equity Fund LLC	12,869,350	-	(4)	Monthly	(4)	
Total	\$ 74,962,066	\$ -				

*Unless otherwise specified in a footnote below, these redemption and settlement terms are reflective of all redemption types.

** Full or partial redemptions from the fund may be restricted, or may require greater notice periods, at the discretion of the fund in the case of market disruptions, available liquidity, or other circumstances that may limit the Trustee's ability of providing the full requested redemption. No such restrictions were noted during the year ended December 31, 2019.

(1) Redemption requests must be made by 9:30am central standard time on the morning of the trade date.

(2) Redemption requests must be made by 4:00pm eastern standard time of the 22nd calendar day prior to month end. Redemptions may be settled on the first business day of each month and can be made in cash or

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

securities-in-kind at the discretion of the fund. At the discretion of the fund, redemptions may be restricted in the case of market disruptions or other circumstances that warrant such actions.

- (3) Distribution of any securities, cash or other property by the Trust shall be made by the Trust not later than five (5) Business Days after the applicable Redemption Date.
- (4) A Member may generally withdraw all or any portion of its Capital Account(s) as of the last Business Day of any calendar month, upon prior written notice to the Manager. Written withdrawal notices must be received by the Manager no less than five (5) Business Days prior to the effective date of the withdrawal unless the Manager, in its sole discretion, determines otherwise. The fund will generally distribute no less than ninety-five percent (95%) of the estimated withdrawal proceeds generally within five (5) Business Days following the effective date of the withdrawal and distribute any remaining amounts due to a withdrawing investor promptly after the completion of the fund's annual audit for the year in which such withdrawal was effective. No interest will be paid on withdrawal proceeds held back pending the completion of the annual audit.
- (5) Redemption requests need to be received 30 calendar days in advance of the desired redemption date. Redemptions may be settled on the first business day of each month and can be made in cash or securities-in-kind at the discretion of the fund. At the discretion of the fund, redemptions may be restricted in the case of market disruptions or other circumstances that warrant such actions.

Fair Value Estimated Using Net Asset Value per Share or its Equivalent as of December 31, 2018

Investment	Fair Value	Unfunded Commitment	Settlement Terms*	Redemption Frequency *	Redemption Notice Period *
Russell 1000 Equity Index Fund	\$ 4,138,067	\$ -	1 business day	Daily	(1)
WTC-CIF-US Research Equity Portfolio	4,056,772	-	(2)	Monthly	(2)
JPMCB Long Credit Fund **	45,848,323	-	1 business day	Daily	2:30pm of same bank business day
Global Emerging Markets Country Fund **	2,478,030	-	(3)	Monthly	30 days
Clifton Defensive Equity Fund LLC	8,189,754	-	(4)	Monthly	(4)
WTC-CTF Opportunistic Investment	6,596,054	-	(5)	Monthly	(5)
Total	<u>\$ 71,307,000</u>	<u>\$ -</u>			

*Unless otherwise specified in a footnote below, these redemption and settlement terms are reflective of all redemption types.

** Full or partial redemptions from the fund may be restricted, or may require greater notice periods, at the discretion of the fund in the case of market disruptions, available liquidity, or other circumstances that may limit the Trustee's ability of providing the full requested redemption. No such restrictions were noted during the year ended December 31, 2018.

- (1) Redemption requests must be made by 9:30am central standard time on the morning of the trade date.
- (2) Redemption requests must be made by 4:00pm eastern standard time of the 22nd calendar day prior to month end. Redemptions may be settled on the first business day of each month and can be made in cash or securities-in-kind at the discretion of the fund. At the discretion of the fund, redemptions may be restricted in the case of market disruptions or other circumstances that warrant such actions.
- (3) Distribution of any securities, cash or other property by the Trust shall be made by the Trust not later than five (5) Business Days after the applicable Redemption Date.

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

- (4) A Member may generally withdraw all or any portion of its Capital Account(s) as of the last Business Day of any calendar month, upon prior written notice to the Manager. Written withdrawal notices must be received by the Manager no less than five (5) Business Days prior to the effective date of the withdrawal unless the Manager, in its sole discretion, determines otherwise. The fund will generally distribute no less than ninety-five percent (95%) of the estimated withdrawal proceeds generally within five (5) Business Days following the effective date of the withdrawal and distribute any remaining amounts due to a withdrawing investor promptly after the completion of the fund's annual audit for the year in which such withdrawal was effective. No interest will be paid on withdrawal proceeds held back pending the completion of the annual audit.
- (5) Redemption requests need to be received 30 calendar days in advance of the desired redemption date. Redemptions may be settled on the first business day of each month and can be made in cash or securities-in-kind at the discretion of the fund. At the discretion of the fund, redemptions may be restricted in the case of market disruptions or other circumstances that warrant such actions.

The following tables present reconciliations of the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the years ended December 31, 2019 and 2018.

	2019	2018
	Bond	Bond
Balance, beginning of year	\$ 37	\$ 54
Unrealized (losses) relating to assets held at the end of the year	-	(17)
Balance, end of year	<u>37</u>	<u>37</u>
Net change in unrealized (losses) relating to assets held at the end of the year	<u>\$ -</u>	<u>\$ (17)</u>

4. Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, changes in these estimates and assumptions in the near term could have a material impact on the Plan's financial statements.

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 may decline for a number of reasons including changes in prevailing market and interest rates and increases in default and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect those investments and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

5. Funding Policy

The Company's funding policy is to contribute amounts at least equal to the minimum funding standards of ERISA and sufficient over time to provide the Plan with assets to pay benefits to Plan participants as due, as determined by the actuary using the unit credit actuarial cost method. For the years ended December 31, 2019 and 2018 the Company was in compliance with the minimum funding requirements of ERISA.

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

6. Plan Termination

As discussed in Note 1, the Company has frozen benefit accruals under the Plan effective April 1, 1998, and October 28, 2006 for the NAS plan. The Company expects to continue the Plan indefinitely, but reserves the right to amend or terminate the Plan at any time in accordance with the terms of the Plan and Section 4044 of ERISA. In the event of termination or partial termination of the Plan, all participants shall be fully vested in their accrued benefits as of the date of termination or partial termination. In such an event, assets will be distributed in accordance with ERISA.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. A statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2019 and 2018 that ceiling is \$5,608 and \$5,420 per month, respectively, which applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger or older annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted.

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

7. Tax Status

The Internal Revenue Service ("IRS") has determined by a letter dated August 26, 2016 that the Plan continues to meet the requirements of Section 401(a) of the Internal Revenue Code ("IRC") and is exempt from federal income taxes under Section 501(a) of the IRC. The Plan received a favorable determination letter from the Puerto Rico ("PR") Treasury under the PR Code dated June 7, 2018. The Plan administrator, management of the Company and legal counsel believe that the Plan, as amended, is designed and is currently being operated in compliance with the applicable requirements of the IRC and PR code and continues to qualify as tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America 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 administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. 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 2016.

8. Related-Party Transactions

Certain short term investment funds are managed by the Trustee and therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan to the Trustee for administrative expenses amounted to \$75,598 and \$80,064 for the years ended December 31, 2019 and 2018, respectively.

9. Information Certified by the Trustee

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, a majority of the investments and investment income/(loss) information in the accompanying financial statements,

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

related notes, and supplemental schedules were obtained or derived from information certified as complete and accurate by the Trustee at and for the years ended December 31, 2019 and 2018, and was not subject to audit, excluding the fair value leveling and related disclosures in Note 3 as of and for the years ended December 31, 2019 and 2018. Global Emerging Markets Country Fund and Clifton Defensive Equity Fund LLC were not certified by the Trustee, and, therefore, were subject to audit. As of December 31, 2019, the Net Asset Value for these funds totaled \$2,988,995 and \$12,869,350, respectively. As of December 31, 2018, the Net Asset Value for these funds totaled \$2,478,030 and \$8,189,754, respectively.

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

	As of December 31,	
	2019	2018
Assets		
Investments at net asset value:		
Common/collective trusts	59,103,721	60,639,216
Total investments at net asset value	59,103,721	60,639,216
Investments at fair value:		
Registered investment companies	17,968,684	13,015,606
Common stocks	3,431,633	2,760,471
Bond	37	37
Total investments at fair value	21,400,354	15,776,114
Cash and cash equivalents	2,945,587	2,710,221
Total investments	83,449,662	79,125,551
Receivables:		
Accrued interest and dividends	7,521	24,839
Securities sold	12,512	7,737
Total receivables	20,033	32,576
Total assets	\$ 83,469,695	\$ 79,158,127
Liabilities		
Payables:		
Securities purchased	1,434	-
Total payables	\$ 1,434	\$ -
	Year Ended December 31,	
	2019	2018
Investment income/(loss)		
Net appreciation/(depreciation) in fair value of investments	\$ 15,026,679	\$ (7,064,553)
Interest	52,286	39,422
Dividends	960,248	812,822
Total investment income/(loss) reported by Trustee	\$ 16,039,213	\$ (6,212,309)

10. Subsequent Events

For the year ended December 31, 2019, subsequent events were evaluated by management through October 22, 2020, the date the financial statements were available to be issued.

Interpublic Retirement Account Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2019 and 2018

In December 2019, an outbreak of a novel strain of coronavirus (COVID-19) emerged globally. Global financial markets have experienced and may continue to experience significant volatility resulting from the spread of COVID-19. The extent of the impact of COVID-19 on the Plan's net assets available for benefits, contributions and benefit obligations will depend on future developments, including the duration and continued spread of the outbreak. Effective April 2020, the Plan adopted certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) due to the global pandemic. This allows the Company to make contributions to the Plan after the original due date for the plan year but on or before the extended due date under the CARES Act. The extended due date under the CARES Act is December 31, 2020, and total contributions made towards the 2019 Plan year through issuance of the financial statements totaled \$2,905,200.

Interpublic Retirement Account Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

As of December 31, 2019

Identity of issue, borrower, lessor or similar party	Description of Asset Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
TEMPLETON INTERNATIONAL EQUITY SERIES CLASS P	REGISTERED INVESTMENT COMPANY	\$ 7,422,828	\$ 6,151,618
PIMCO ALL ASSET FUND INSTITUTIONAL CLASS I	REGISTERED INVESTMENT COMPANY	11,830,894	11,817,066
RUSSELL 1000 EQUITY INDEX FUND	COMMON/COLLECTIVE TRUSTS	1,390,265	5,436,828
WTC-CIF-US RESEARCH EQUITY PORTFOLIO FUND	COMMON/COLLECTIVE TRUSTS	2,016,130	5,345,430
JPMCB LONG CREDIT FUND	COMMON/COLLECTIVE TRUSTS	23,155,819	48,313,899
GLOBAL EMERGING MARKETS COUNTRY FUND	COMMON/COLLECTIVE TRUSTS	2,036,263	2,988,995
JPMCB LIQUIDITY FUND	COMMON/COLLECTIVE TRUSTS	7,564	7,564
VENEZUELA GOVERNMENT	BOND, VARIABLE RATE, 04/15/2020	-	37
WELLS FARGO TREASURY PLUS MONEY MARKET INST*	CASH AND CASH EQUIVALENTS	2,945,587	2,945,587
CLIFTON DEFENSIVE EQUITY FUND LLC	LIMITED LIABILITY COMPANY	9,500,000	12,869,350
ACI WORLDWIDE INC	COMMON STOCK	12,400	20,382
AGREE RLTY CORP COM	COMMON STOCK	30,440	46,733
ALBANY INTL CORP NEW CL A	COMMON STOCK	55,272	51,018
ALLETE INC	COMMON STOCK	33,021	30,926
ALLISON TRANSMISSION HOLDINGS	COMMON STOCK	32,343	50,301
AMERICOLD REALTY TRUST	COMMON STOCK	35,612	46,595
AMN HEALTHCARE SERVICES INC	COMMON STOCK	25,851	30,719
AMPHASTAR PHARMACEUTICALS INC	COMMON STOCK	17,293	17,303
ARCOSA INC	COMMON STOCK	17,834	17,909
ATLANTIC UNION BANKSHARES CORP	COMMON STOCK	15,857	17,311
ATRICURE INC	COMMON STOCK	19,212	21,197
AVANOS MEDICAL INC	COMMON STOCK	34,976	30,667
BARNES GROUP INC COM	COMMON STOCK	24,080	35,503
BIOSPECIFICS TECHNOLOGIES CORP	COMMON STOCK	11,269	17,082
BRUKER CORPORATION	COMMON STOCK	26,554	53,162
CACI INTL INC FORMERLY CACI INC TO	COMMON STOCK	25,998	63,497
CACTUS INC	COMMON STOCK	25,510	25,671
CALLAWAY GOLF CO COM	COMMON STOCK	25,271	33,093
CANTEL MEDICAL CORP.	COMMON STOCK	34,291	34,599
CATALENT INC	COMMON STOCK	22,548	38,003
CENTERSTATE BANKS CORPORATION	COMMON STOCK	20,757	28,327
CHARLES RIVER LABORATORIES	COMMON STOCK	10,685	13,596
CHURCHILL DOWNS INC	COMMON STOCK	28,166	63,661
CNO FINANCIAL GROUP INC	COMMON STOCK	41,611	38,853
COMFORT SYS USA INC COM	COMMON STOCK	15,422	20,389
CORELOGIC INC	COMMON STOCK	26,022	28,149
COTT CORPORATION	COMMON STOCK	39,878	34,186
DECKERS OUTDOOR CORP	COMMON STOCK	16,883	18,575
DENNYS CORP	COMMON STOCK	35,210	35,128
EMERGENT BIOSOLUTIONS INC	COMMON STOCK	42,278	50,281
ENTEGRIS INC	COMMON STOCK	9,282	32,358
ENTERPRISE FINL SVCS CORP	COMMON STOCK	27,778	32,879
EVERTEC INC	COMMON STOCK	35,167	38,703
FARO TECHNOLOGIES INC	COMMON STOCK	14,341	15,004
FEDERAL SIGNAL CORP	COMMON STOCK	34,210	49,181
FIRST INDL RLTY TR INC COM	COMMON STOCK	35,571	44,125
FIRST INTERSTATE BANCSYSTEM IN	COMMON STOCK	40,235	40,830
FIRST MERCHANTS CORP COM	COMMON STOCK	32,712	30,028
FORTUNE BRANDS HOME & SECURITY	COMMON STOCK	29,559	44,823
G-III APPAREL GROUP LTD	COMMON STOCK	24,430	21,943
GCI LIBERTY INC	COMMON STOCK	17,664	31,528
GENERAC HOLDINGS INC	COMMON STOCK	11,262	21,627
HELEN OF TROY LIMITED	COMMON STOCK	14,414	21,035
HELIOS TECHNOLOGIES INC	COMMON STOCK	21,699	22,005
HELIX ENERGY SOLUTIONS INC	COMMON STOCK	46,372	49,893

Interpublic Retirement Account Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

As of December 31, 2019

Identity of issue, borrower, lessor or similar party	Description of Asset Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity	Cost	Current Value
	Value		
HERITAGE FINANCIAL CORP/WA	COMMON STOCK	25,152	22,640
HOWARD HUGHES CORP/THE	COMMON STOCK	43,275	40,449
HUNTSMAN CORP	COMMON STOCK	19,937	20,343
ICU MED INC COM	COMMON STOCK	35,891	46,032
IMAX CORP COM	COMMON STOCK	25,701	22,207
INNOSPEC INC	COMMON STOCK	24,845	47,169
INSTALLED BUILDING PRODUCTS IN	COMMON STOCK	16,766	19,628
INTER PARFUMS INC	COMMON STOCK	26,394	35,773
J2 GLOBAL, INC.	COMMON STOCK	15,928	17,617
KADANT INC	COMMON STOCK	25,148	50,458
KINSALE CAPITAL GROUP INC	COMMON STOCK	31,210	56,625
LIBERTY BRAVES GROUP	COMMON STOCK	18,791	32,819
LIBERTY LATIN AMERICA LTD.	COMMON STOCK	42,682	37,110
LINDBLAD EXPEDITIONS HOLDINGS	COMMON STOCK	14,046	14,977
LITTLEFUSE INC COM	COMMON STOCK	17,873	31,565
LIVANOVA PLC	COMMON STOCK	38,453	43,297
MANCHESTER UNITED PLC	COMMON STOCK	17,311	20,827
MAXLINEAR INC	COMMON STOCK	20,735	19,056
MGIC INVT CORP WI	COMMON STOCK	19,906	21,652
MKS INSTRS INC	COMMON STOCK	11,594	24,422
MOBILE IRON INC	COMMON STOCK	24,096	18,215
MONARCH CASINO AND RESORT	COMMON STOCK	16,817	19,323
NATIONAL STORAGE AFFILIATES TR	COMMON STOCK	37,516	35,805
NCR CORPORATION COM	COMMON STOCK	40,484	53,303
NEW PENNYMAC FINANCIAL SERVICE	COMMON STOCK	30,921	33,461
NEW RESIDENTIAL INVESTMENT CORP	COMMON STOCK	40,215	47,637
NUANCE COMMUNICATIONS INC	COMMON STOCK	26,308	33,520
NUVASIVE INC	COMMON STOCK	17,659	25,677
NV5 GLOBAL INC	COMMON STOCK	18,530	16,396
OMNICELL INC	COMMON STOCK	23,888	35,712
ONTO INNOVATION INC	COMMON STOCK	17,880	28,720
PACIFIC PREMIER BANCORP	COMMON STOCK	20,856	25,823
PATTERSON-UTI ENERGY INC	COMMON STOCK	29,479	17,934
PHIBRO ANIMAL HEALTH CORP	COMMON STOCK	43,208	33,918
PJT PARTNERS INC	COMMON STOCK	25,896	25,724
PRIMO WATER CORP	COMMON STOCK	15,452	12,931
R1 RCM INC	COMMON STOCK	45,494	49,116
RADIAN GROUP INC	COMMON STOCK	39,734	64,435
RED ROCK RESORTS, INC	COMMON STOCK	36,553	37,458
REXFORD INDUSTRIAL REALTY INC	COMMON STOCK	30,155	48,365
SAIA INC	COMMON STOCK	20,350	27,098
SPIRE INC.	COMMON STOCK	43,319	47,403
SPS COMMERCE INC	COMMON STOCK	16,523	17,624
SPX CORP	COMMON STOCK	45,115	66,297
STAG INDUSTRIAL INC	COMMON STOCK	36,934	51,838
STEPAN CO COM	COMMON STOCK	34,112	41,591
TCF FINANCIAL CORP	COMMON STOCK	36,433	44,928
TEAM, INC. COMMON STOCK	COMMON STOCK	4,974	3,306
TERADATA CORP	COMMON STOCK	36,071	28,055
TETRA TECH INC NEW	COMMON STOCK	11,091	17,490
TIVITY HEALTH INC	COMMON STOCK	21,698	19,735
TOPBUILD CORP	COMMON STOCK	12,420	22,575
TRICO BANCSHARES COM	COMMON STOCK	32,699	36,198
VIA VI SOLUTIONS INC	COMMON STOCK	18,923	26,025
WHITE MOUNTAINS INSURANCE GROUP INC	COMMON STOCK	43,251	50,198

Interpublic Retirement Account Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2019

Identity of issue, borrower, lessor or similar party	Description of Asset Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
WILLDAN GROUP INC	COMMON STOCK	24,907	26,949
WOLVERINE WORLD WIDE INC COM	COMMON STOCK	31,583	36,304
WSFS FINANCIAL CORP	COMMON STOCK	40,475	36,952
ZYNGA INC	COMMON STOCK	21,599	34,150
Total Investments		<u>\$ 63,107,846</u>	<u>\$ 99,308,007</u>

The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A., the Plan Trustee.

* Denotes a party-in-interest.

Interpublic Retirement Account Plan
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within
Year)
For the Year Ended December 31, 2019

Identity of issue, borrower, lessor or similar party	Description of Asset Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost of acquisitions	Proceeds of dispositions
CERENCE INC	COMMON STOCK	\$ (4,001)	\$ 3,546
CLOUDERA INC	COMMON STOCK	(17,542)	6,178
COLUMBUS MCKINNON CORP N Y	COMMON STOCK	(24,281)	24,327
COVETRUS INC	COMMON STOCK	(16,176)	6,886
DESIGNER BRANDS INC	COMMON STOCK	(34,842)	22,503
SOTHEBYS	COMMON STOCK	(16,626)	23,940
TOTAL		<u><u>\$ (113,468)</u></u>	<u><u>\$ 87,380</u></u>

The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A., the Plan Trustee.

Interpublic Retirement Account Plan
Schedule H, Line 4j – Schedule of Reportable Transactions – Single Transactions
For the Year Ended December 31, 2019

Individual transactions in excess of 5% of the current value of the Plan assets at the beginning of the plan year as defined in Section 2520.103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

(a) Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Wells Fargo Bank, N.A.	Wellington CTF Opportunistic Fund (Absolute Ret)	\$ -	\$ 7,158,262	N/A	N/A	\$ 6,414,941	\$ 7,158,262	\$ 743,321
Wells Fargo Bank, N.A.	Wells Fargo Treasury Plus Money Market Inst*	\$ 6,694,789	\$ -	N/A	N/A	\$ 6,694,789	\$ 6,694,789	\$ -
Wells Fargo Bank, N.A.	Wells Fargo Treasury Plus Money Market Inst*	\$ -	\$ 6,500,000	N/A	N/A	\$ 6,500,000	\$ 6,500,000	\$ -

The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A., the Plan Trustee.

*Denotes a party-in-interest.

Interpublic Retirement Account Plan
Schedule H, Line 4j – Schedule of Reportable Transactions – Series of Transactions
For the Year Ended December 31, 2019

Cumulative transactions in excess of 5% of the current value of the Plan assets at the beginning of the plan year as defined in Section 2520.103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

(a) Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Wells Fargo Bank, N.A.	JPMCB Long Credit Fund	\$ -	\$ 7,747,729	N/A	N/A	\$ 3,929,157	\$ 7,747,729	\$ 3,818,572
Wells Fargo Bank, N.A.	Wellington CTF Opportunistic Fund (Absolute Ret)	\$ -	\$ 7,198,226	N/A	N/A	\$ 6,451,503	\$ 7,198,226	\$ 746,723
Wells Fargo Bank, N.A.	Wells Fargo Treasury Plus Money Market Inst*	\$ 41,726,197	\$ -	N/A	N/A	\$ 41,726,197	\$ 41,726,197	\$ -
Wells Fargo Bank, N.A.	Wells Fargo Treasury Plus Money Market Inst*	\$ -	\$ 41,490,544	N/A	N/A	\$ 41,490,544	\$ 41,490,544	\$ -

The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A., the Plan Trustee.

*Denotes a party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2019

Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0
40-44	2	3	0	0	0	0	0	0	0	0
45-49	5	37	5	0	0	0	0	0	0	0
50-54	1	29	16	8	0	0	0	0	0	0
55-59	3	33	22	19	3	0	0	0	0	0
60-64	0	10	12	19	8	1	0	0	0	0
65-69	1	2	4	5	5	3	0	0	0	0
70 & up	0	0	1	0	1	1	0	0	0	0
Average:	Age	56.1								
	Service	6.9								

Plan Name: The Interpublic Retirement Account Plan
 EIN / PN: 13-1024020/001
 Plan Sponsor: The Interpublic Group of Companies, Inc.
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2019

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2019	1,183,142	7.00000	1,183,142	192,246
2. Shortfall	01/01/2018	1,547,514	6.00000	1,369,977	252,631
3. Shortfall	01/01/2017	2,901,524	5.00000	2,216,634	476,465
4. Shortfall	01/01/2016	2,506,026	4.00000	1,568,784	414,054
Total				6,338,537	1,335,396

Plan Name: The Interpublic Retirement Account Plan
EIN / PN: 13-1024020/001
Plan Sponsor: The Interpublic Group of Companies, Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of principal plan provisions

Summary of Retirement Account Plan Provisions

Plan Provisions

Effective Date	December 1, 1943. Plan was most recently restated effective January 1, 2016. Plan was most recently amended effective January 1, 2018.
Status of Plan	Plan is closed to new entrants and benefits under the plan have been frozen since March 31, 1998.
Covered employees	All employees in companies which have adopted the plan. As of December 31, 2009, participants of the Adler, Boschetto, Peebles, and Partners, Inc. Pension Plan were also covered. As of March 31, 2010, participants of the Nationwide Advertising Service Pension Plan were also covered.
Participation date	<p>Employees become participants of the plan on the later of:</p> <ul style="list-style-type: none">■ the first of the month coincident with or following the attainment of age 21 and completion of one year of service,■ January 1, 1977 for employees of Clinton E. Frank,■ July 1, 1979 for employees of McCann-Erickson (S.A.),■ January 1, 1980 for employees of SSC&B,■ January 1, 1981 for employees of March Advertising,■ August 1, 1983 for employees of Dailey Associates,■ August 1, 1983 for employees of North Light Ltd.,■ May 1, 1984 for employees of Frank Vos Company,■ July 1, 1986 for employees of Nabisco, Inc.,■ January 1, 1988 if hired after age 60,■ January 1, 1991 for employees of Lintas GSB and Lintas: Hispanic,■ January 1, 1992 for employees of Long Haymes Carr,■ January 1, 1996 for employees of NSA,■ January 1, 1997 for employees of Lowe McAdams Healthcare,■ April 1, 1997 for employees of Anderson Lemke. <p>Participation in the plan was closed to new entrants as of March 31, 1998.</p>

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Definitions

Crediting service	Years and months of service from date of hire. Benefit accruals were frozen as of March 31, 1998.
Accredited service	A participant is credited with one year of accredited service for each year the participant completes at least one thousand hours of service. However, in no event shall a participant receive credit for more than a total of 35 years of accredited service.
Points	Sum of age plus credited service rounded to the next whole number. Both age and service are figured as years and completed months as of December 31 prior to the year of allocation.
Compensation	Employee's total compensation paid during the calendar year.
Grandfathered Employees	All active employees who were participants as of January 1, 1992.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 and completion of five years of credited service.
Pre-1992 Pension Plan Benefit	<p>The sum of (i) and (ii):</p> <p>(i) Accrued benefit as of July 31, 1987 based on prior plan provisions.</p> <p>(ii) For accredited service after August 1, 1987, additional benefits are earned based on 1% of compensation up to \$15,000 plus 1.3% of compensation above \$15,000 for each full calendar year of accredited service.</p>
Retirement Account	<p>The sum of (i) and (ii):</p> <p>(i) Initial retirement plan balance for eligible participants as of December 31, 1991 equal to the lump sum value of the pre-1992 pension plan accrued benefit as of that date. The lump sum value was calculated based on 6½% interest and the 1983 Group Annuity Mortality Table.</p> <p>(ii) For service after December 31, 1991, the account balance is increased by:</p> <p>a) Interest each year is based on the one-year Treasury Constant for the month of November of the immediately preceding calendar year plus one percentage point. Minimum guaranteed rate is 8% for 1992 and 1993; 5% thereafter.</p> <p>b) Annual allocation through March 31, 1998 equal to a percentage of the participant's compensation, based upon points as of the end of the prior year as follows:</p>

Points	Allocation
Less than 40	1.5%
40 – 49	2.0
50 – 59	2.5
60 – 69	3.0

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

70 – 79	4.0
80 or more	5.0

Accrued Benefit

For grandfathered employees, the benefit equal to the greater of (i) and (ii):

(i) Pre-1992 pension plan benefit.

(ii) Retirement Account converted to an annuity payable at normal retirement date, determined by accumulating the Retirement Account at 5% interest to age 65 and converting to an annuity based on PBGC interest rates and GAM 83.

For all other employees, the benefit described in (ii) above.

Early Retirement Subsidized Factors

(a) For annuity form of payment, factors are equal to one minus the greater of (i) and (ii):

(i) 5/12 of 1% multiplied by the number of full months by which the participant is under age 55 on his annuity commencement date or

(ii) 5/12 of 1% multiplied by the number of full months by which the number of his years (including completed months) of age, as of his annuity commencement date, plus his years of accredited service as of his early retirement date, total less than 80; provided, however, in no event shall such reduction exceed 5/12 of 1% multiplied by the number of full months by which the participant is under age 65 on his annuity commencement date.

(b) For payment of the Retirement Account as a lump sum, factors are based on age and points at retirement. Sample factors are shown below:

<i>Age at Retirement</i>	<i>Points at Retirement</i>		
	<i>70</i>	<i>75</i>	<i>80 or more</i>
50	120%	140%	160%
55	100%	120%	140%
60	100%	100%	120%
65	100%	100%	100%

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 50 and completing ten years of accredited service
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Preretirement death benefit	Death while eligible for deferred vested, early, normal, or postponed retirement benefits.

Plan Name: The Interpublic Retirement Account Plan
 EIN / PN: 13-1024020/001
 Plan Sponsor: The Interpublic Group of Companies, Inc.
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Accrued benefit determined as of NRD, payable as an annuity or a lump sum. Lump sum payable is determined as the greater of the Retirement Account balance or the actuarial equivalent of the accrued benefit.
Early retirement	Pension benefit based on accrued benefit reflecting early retirement subsidized factors, payable as an annuity or a lump sum.
Postponed retirement	Accrued benefit determined as of actual retirement date, payable as an annuity or a lump sum.
Deferred vested termination	Accrued benefit payable on NRD as an annuity or a lump sum. Alternatively, payment may commence earlier with benefit reduced on an actuarial equivalent basis.
Preretirement death	The accrued benefit is payable as the survivorship portion of a 100% joint and survivor annuity or, alternatively, the Retirement Account is payable. For employees eligible for early retirement, the above amounts reflect the early retirement subsidized factors. For those not eligible for early retirement, the above amounts are actuarial equivalents.

Other Plan Provisions

Forms of payment	Automatic Form: Actuarially equivalent, 100% joint and survivor annuity if married on date payments commence; life annuity if single. Optional Forms: Actuarially equivalent joint and survivor annuity, 5 or 10 years certain annuity, or lump sum.
Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of Legacy NAS Principal Plan Provisions

Plan Provisions

Effective Date	October 28, 1985 (as amended and restated effective October 28, 2001 and as further amended effective January 1, 2004.)
Status of Plan	Plan is closed to new entrants and benefits under the plan have been frozen since October 28, 2006.
Covered employees	All employees of the company who work at least 1,000 hours per year are eligible, except for employees covered by collective bargaining agreements and non-resident aliens covered by a foreign plan maintained by the company.
Participation date	Participation is as of the October 28 th following the completion of 6 months of service and attainment of age 21. (Participants in prior plan as of October 27, 1986 automatically participate in the plan on October 28, 1986 if they are still employed on that date.) Participation in the plan was closed to new entrants as of October 28, 2006.

Definitions

Crediting service	A year of service is credited for each plan year in which an employee completes 1,000 hours of service. No additional years of credited service will be earned after October 28, 2006.
Average monthly compensation	Average monthly compensation is determined as of October 27, 2006.
Normal retirement date (NRD)	October 28 th nearest the participant's 65 th birthday.
Normal Retirement Benefit	<p>The normal form of payment is a five-year certain and life benefit. A monthly benefit, if paid on a five-year certain and life basis, equal to 1.3% of average monthly compensation up to covered compensation plus 1.9% of average monthly compensation in excess of covered compensation, multiplied by service to a maximum of 25 years.</p> <p>The benefit payable from this plan is reduced by any insured benefit payable under the terms of the terminated prior plan.</p>
Covered Compensation	The average of maximum Social Security taxable wages over the 35-year period ending with the year of the participant's Social Security normal retirement age.
Early Retirement Benefit	<p>A benefit equal to either:</p> <p>(i) a deferred benefit payable at normal retirement date equal to the accrued normal retirement benefit or</p> <p>(ii) an immediate lump sum payment equal to the present value of the accrued normal retirement benefit.</p>
Normal form of benefit	<p>Unless otherwise elected, and benefit payable under the plan shall be paid:</p> <p>(a) on a 50% Joint and Survivor basis, if the participant is married; or</p> <p>(b) on a single life basis otherwise</p>

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Disability benefit	The participant is entitled to receive a benefit under the early retirement provisions described above.
Vested benefits upon termination of service	Termination Benefit: A benefit equal to either: (i) a deferred benefit payable at normal retirement date equal to the accrued normal retirement benefit or (ii) an immediate lump sum payment equal to the present value of the normal retirement benefit.
Death benefits for participants in active service	One hundred times the participant's anticipated monthly retirement benefit, after reduction for insured benefits payable from the prior plan, determined as of his Normal Retirement Date. The benefit shall be payable to a surviving spouse in the form of pre-retirement survivor annuity unless the surviving spouse elects an alternative form of payment.
Optional forms of retirement income in lieu of normal form	A participant may elect to receive the actuarial equivalent value of his benefit on a single life basis, or on a joint and survivor basis, or as a single lump sum distribution.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on the October 28 th coincident with or following age 55 and 5 years of participation.
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disablement	After 6 months of Total and Permanent disability.
Preretirement death benefit	Death while eligible for deferred vested, early, normal, or postponed retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD, payable as a five-year certain and life annuity.
Early retirement	Monthly pension benefit determined as of early retirement date reflecting early retirement subsidized factors.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Deferred vested termination	Monthly pension benefit determined as of termination date.
Disablement	Monthly pension benefit determined as of the date of disability, payable under the early retirement provisions described above.
Preretirement death	Monthly preretirement death benefit payable on behalf of an active employee.

Plan Name: The Interpublic Retirement Account Plan
 EIN / PN: 13-1024020/001
 Plan Sponsor: The Interpublic Group of Companies, Inc.
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Automatic Form: 50% Joint and Survivor basis, if the participant is married; or on a single life basis otherwise Optional Forms: Actuarially equivalent single life annuity, joint and survivor annuity, or lump sum.
Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Summary of Legacy Adler Principal Plan Provisions

Plan Provisions

Effective Date	September 1, 1979
Status of Plan	Plan is closed to new entrants and benefits under the plan have been frozen since July 31, 1998.
Covered employees	<p>All employees are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:</p> <p>(i) 1 year of service</p> <p>(ii) Minimum age 21</p> <p>Employees covered by a collective bargaining unit under which pension benefits were a subject of good faith bargaining and excluded by class. Participation in the plan was closed to new entrants as of July 31, 1998.</p>

Definitions

Crediting service	Credited years are plan years commencing with the year of hire and ending with the retirement year excluding years with less than 500 hours. No additional credited years will be earned after July 31, 1998.														
Normal retirement date (NRD)	Date of attainment of age 65.														
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to their accrued benefit as of 7/31/98. Maximum benefit is \$14,583 per month. Maximum percent of salary is 100%. Benefit is based on average salary during the highest 3 consecutive years of participation.														
Normal form of benefit	Single life annuity.														
Accrued benefit	A fraction of the normal retirement benefit calculated based on the assumption that the average salary preceding termination equals the average salary at retirement, such fraction being equal to the years to date divided by what the years at retirement would have been had employment continued until retirement.														
Termination Benefit	<p>Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:</p> <table><tr><th>Credited Years</th><th>Vested Percent</th></tr><tr><td>1</td><td>0</td></tr><tr><td>2</td><td>20</td></tr><tr><td>3</td><td>40</td></tr><tr><td>4</td><td>60</td></tr><tr><td>5</td><td>80</td></tr><tr><td>6</td><td>100</td></tr></table>	Credited Years	Vested Percent	1	0	2	20	3	40	4	60	5	80	6	100
Credited Years	Vested Percent														
1	0														
2	20														
3	40														
4	60														
5	80														
6	100														
Death Benefit	Actuarial equivalent of the accrued benefit earned to date of death.														

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death or retirement based on the vesting schedule above.
Preretirement death benefit	Death while eligible for plan benefit

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Deferred vested termination	Monthly pension benefit determined as of termination date
Preretirement death	Monthly preretirement death benefit payable on behalf of an active employee

Other Plan Provisions

Forms of payment	Automatic Form: single life annuity. Optional Forms: Actuarially equivalent lump sum, 10 years certain annuity, or joint and survivor annuity.
Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Statement of actuarial assumptions, methods and data sources

Assumptions and methods for contribution purposes

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis

Applicable month	January 2019
Interest rate basis	3-Segment rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	3.74%	2.55%
Second segment rate	5.35%	3.93%
Third segment rate	6.11%	4.49%
Effective interest rate	5.40%	4.00%

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Annual rates of increase

Compensation:	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation	N/A
Account balance accumulation	5.10%

Plan-related expenses	\$1,450,000
------------------------------	--------------------

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017).

Termination Rates varying by age and plan formula.

Representative Termination Rates

Percentage leaving during the year			
Attained Age	Rate - RAP	Rate - NAS	Rate - Adler
30	6.7%	16.2%	0.0%
35	11.4%	14.9%	0.0%
40	15.8%	13.1%	0.0%
45	14.4%	10.8%	0.0%
50	12.4%	7.9%	0.0%
55	0.0%	4.4%	0.0%
60	0.0%	1.2%	0.0%
65	0.0%	0.0%	0.0%

Disability The rates at which participants become disabled by age and gender are shown below:

Representative Disability Rates

Percentage becoming disabled during the year				
Age	Rate – RAP Male/Female	Rate – NAS Male	Rate – NAS Female	Rate – Adler Male/Female
30	0.1%	0.0%	0.1%	0.0%
35	0.1%	0.1%	0.1%	0.0%
40	0.2%	0.1%	0.2%	0.0%
45	0.3%	0.2%	0.3%	0.0%
50	0.6%	0.4%	0.5%	0.0%
55	1.0%	0.7%	1.0%	0.0%
60	1.6%	1.3%	1.2%	0.0%
65	2.3%	1.8%	1.4%	0.0%

Plan Name: The Interpublic Retirement Account Plan
 EIN / PN: 13-1024020/001
 Plan Sponsor: The Interpublic Group of Companies, Inc.
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age. Average age is 56 for Legacy RAP, and 65 for Legacy Adler and Legacy NAS.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and plan formula are shown below.

Percentage retiring during the year			
Age	Rate – RAP	Rate – NAS	Rate – Adler
50	12.8%	0.0%	0.0%
51	13.0%	0.0%	0.0%
52	13.3%	0.0%	0.0%
53	13.6%	0.0%	0.0%
54	14.1%	0.0%	0.0%
55	14.6%	0.0%	0.0%
56	15.3%	0.0%	0.0%
57	16.0%	0.0%	0.0%
58	16.8%	0.0%	0.0%
59	17.7%	0.0%	0.0%
60	18.7%	0.0%	0.0%
61	19.7%	0.0%	0.0%
62	20.9%	0.0%	0.0%
63	22.1%	0.0%	0.0%
64	23.4%	0.0%	0.0%
65	24.8%	100.0%	100.0%
66	26.3%	100.0%	100.0%
67	27.9%	100.0%	100.0%
68	29.6%	100.0%	100.0%
69	31.3%	100.0%	100.0%
70	100.0%	100.0%	100.0%

Benefit commencement date:

Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained eligibility for early retirement
Deferred vested benefit	Age 65
Disability benefit	Upon disablement
Retirement benefit	Upon termination of employment

Plan Name: The Interpublic Retirement Account Plan
EIN / PN: 13-1024020/001
Plan Sponsor: The Interpublic Group of Companies, Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Form of payment

Legacy RAP:

For retirement benefits for active participants, 40% are assumed to elect a lump sum and 60% are assumed to elect a single life annuity. For termination benefits for active participants, 80% are assumed to elect a lump sum and 20% are assumed to elect a single life annuity.

For terminated vested participants who are eligible to receive a lump sum, 40% are assumed to elect a lump sum and 60% are assumed to elect a single life annuity. All other terminated vested participants are assumed to elect a life annuity.

Lump sums were valued using a long term assumption for the plan's lump sum conversion rate that is based on current PPA assumptions.

Legacy Adler Plan:

Active and terminated vested participants are assumed to elect a single life annuity form of payment.

Legacy NAS Plan:

Terminated vested participants are assumed to elect a five year certain and life annuity form of payment.

Percent married

Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Legacy RAP:

80% of males and females

Legacy Adler Plan:

80% of males and females

Legacy NAS Plan:

85% of males; 50% of females

Spouse age

Wife three years younger than husband

Covered pay

N/A

Loads

None

At-risk assumptions

N/A

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: The Interpublic Retirement Account Plan
EIN / PN: 13-1024020/001
Plan Sponsor: The Interpublic Group of Companies, Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2018 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	<p>All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the Form of payment section described above.</p>

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data through its third party administrator as of January 1, 2019. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions for Contributions

Discount rate(s)	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Account balance accumulation rate	<p>The plan credits interest to cash balance accounts based on the one-year Treasury Constant for the month of November of the immediately preceding calendar year plus one percentage point, but with a minimum interest crediting rate of 5.00%. The plan sponsor has selected an expected rate of 5.10% for 2019 and beyond.</p> <p>After examining historical variability in this rate, and considering the increase in interest crediting expected to be caused by the minimum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.</p>
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2012, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Benefit commencement date for deferred benefits:

Preretirement death benefit Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.

Deferred vested benefit Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.

Form of payment The percentage of retiring and terminating participants assumed to take lump sums and single life annuities was based on an experience study conducted in 2012 with an updated review performed during 2017 for terminated vested RAP participants.

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described herein, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: The Interpublic Retirement Account Plan
EIN / PN: 13-1024020/001
Plan Sponsor: The Interpublic Group of Companies, Inc.
Valuation Date January 1, 2019

SCHEDULE SB ATTACHMENTS

Changes in Assumptions, Methods and Estimation Techniques

Change in assumptions since prior valuation

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements as required by IRC §430.

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The assumed plan-related expenses added to the target normal cost were changed from \$1,050,000 for the prior valuation to \$1,450,000 for the current valuation to account for higher expected expenses to be paid from the trust.

Change in methods since prior valuation

There have been no changes in methods since the prior valuation.

Plan Name: The Interpublic Retirement Account Plan
EIN / PN: 13-1024020/001
Plan Sponsor: The Interpublic Group of Companies, Inc.
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$1,050,000 for the prior valuation to \$1,450,000 for the current valuation to account for higher expected expenses to be paid from the trust.

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2019

A. Legacy Retirement Account Plan ("RAP")

(1) Ages	(2) Rate of Retirement	(3) Remaining Active (3) at AGE-1 x (1-(2))	(4) Number Retiring (3) at AGE-1 minus (3) at AGE	(5) Ages x Number Retiring: (1) x (4)
		1.0000		
50	0.128	0.8720	0.1280	6.40
51	0.130	0.7586	0.1134	5.78
52	0.133	0.6577	0.1009	5.25
53	0.136	0.5683	0.0894	4.74
54	0.141	0.4882	0.0801	4.33
55	0.146	0.4169	0.0713	3.92
56	0.153	0.3531	0.0638	3.57
57	0.160	0.2966	0.0565	3.22
58	0.168	0.2468	0.0498	2.89
59	0.177	0.2031	0.0437	2.58
60	0.187	0.1651	0.0380	2.28
61	0.197	0.1326	0.0325	1.98
62	0.209	0.1049	0.0277	1.72
63	0.221	0.0817	0.0232	1.46
64	0.234	0.0626	0.0191	1.22
65	0.248	0.0471	0.0155	1.01
66	0.263	0.0347	0.0124	0.82
67	0.279	0.0250	0.0097	0.65
68	0.296	0.0176	0.0074	0.50
69	0.313	0.0121	0.0055	0.38
70	1.000	0.0000	0.0121	0.85

Average Retirement Age:

55.55

The determination of the average retirement age assumes employees continue in employment until reaching the first age of retirement eligibility with the required number of years of service. After this point, only the retirement decrement is recognized.

Plan Name: The Interpublic Retirement Account Plan
 EIN / PN: 13-1024020/001
 Plan Sponsor: The Interpublic Group of Companies, Inc.
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

B. Legacy Adler Plan

(1)	(2)	(3)	(4)	(5)
Ages	Rate of Retirement	Remaining Active (3) at AGE-1 x (1-(2))	Number Retiring (3) at AGE-1 minus (3) at AGE	Ages x Number Retiring: (1) x (4)
		1.0000		
65	1.000	0.0000	1.0000	65.00

Average Retirement Age: 65.00

C. Legacy Nationwide Advertising Services Plan ("NAS")

(1)	(2)	(3)	(4)	(5)
Ages	Rate of Retirement	Remaining Active (3) at AGE-1 x (1-(2))	Number Retiring (3) at AGE-1 minus (3) at AGE	Ages x Number Retiring: (1) x (4)
		1.0000		
65	1.000	0.0000	1.0000	65.00

Average Retirement Age: 65.00

D. Calculation of Weighted Average Retirement Age:

	Active Population at January 1, 2019	Average Retirement Age
RAP	257	55.55
Adler	2	65.00
NAS	0	65.00

Weighted Average Retirement Age: 55.62

Plan Name: The Interpublic Retirement Account Plan
 EIN / PN: 13-1024020/001
 Plan Sponsor: The Interpublic Group of Companies, Inc.
 Valuation Date: January 1, 2019

Interpublic Retirement Account Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

As of December 31, 2019

Identity of issue, borrower, lessor or similar party	Description of Asset Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity	Value		Cost	Current Value
TEMPLETON INTERNATIONAL EQUITY SERIES CLASS P	REGISTERED INVESTMENT COMPANY	\$	7,422,828	\$	6,151,618
PIMCO ALL ASSET FUND INSTITUTIONAL CLASS I	REGISTERED INVESTMENT COMPANY		11,830,894		11,817,066
RUSSELL 1000 EQUITY INDEX FUND	COMMON/COLLECTIVE TRUSTS		1,390,265		5,436,828
WTC-CIF-US RESEARCH EQUITY PORTFOLIO FUND	COMMON/COLLECTIVE TRUSTS		2,016,130		5,345,430
JPMCB LONG CREDIT FUND	COMMON/COLLECTIVE TRUSTS		23,155,819		48,313,899
GLOBAL EMERGING MARKETS COUNTRY FUND	COMMON/COLLECTIVE TRUSTS		2,036,263		2,988,995
JPMCB LIQUIDITY FUND	COMMON/COLLECTIVE TRUSTS		7,564		7,564
VENEZUELA GOVERNMENT	BOND, VARIABLE RATE, 04/15/2020		-		37
WELLS FARGO TREASURY PLUS MONEY MARKET INST*	CASH AND CASH EQUIVALENTS		2,945,587		2,945,587
CLIFTON DEFENSIVE EQUITY FUND LLC	LIMITED LIABILITY COMPANY		9,500,000		12,869,350
ACI WORLDWIDE INC	COMMON STOCK		12,400		20,382
AGREE RLTY CORP COM	COMMON STOCK		30,440		46,733
ALBANY INTL CORP NEW CL A	COMMON STOCK		55,272		51,018
ALLETE INC	COMMON STOCK		33,021		30,926
ALLISON TRANSMISSION HOLDINGS	COMMON STOCK		32,343		50,301
AMERICOLD REALTY TRUST	COMMON STOCK		35,612		46,595
AMN HEALTHCARE SERVICES INC	COMMON STOCK		25,851		30,719
AMPHASTAR PHARMACEUTICALS INC	COMMON STOCK		17,293		17,303
ARCOSA INC	COMMON STOCK		17,834		17,909
ATLANTIC UNION BANKSHARES CORP	COMMON STOCK		15,857		17,311
ATRICURE INC	COMMON STOCK		19,212		21,197
AVANOS MEDICAL INC	COMMON STOCK		34,976		30,667
BARNES GROUP INC COM	COMMON STOCK		24,080		35,503
BIOSPECIFICS TECHNOLOGIES CORP	COMMON STOCK		11,269		17,082
BRUKER CORPORATION	COMMON STOCK		26,554		53,162
CACI INTL INC FORMERLY CACI INC TO	COMMON STOCK		25,998		63,497
CACTUS INC	COMMON STOCK		25,510		25,671
CALLAWAY GOLF CO COM	COMMON STOCK		25,271		33,093
CANTEL MEDICAL CORP.	COMMON STOCK		34,291		34,599
CATALENT INC	COMMON STOCK		22,548		38,003
CENTERSTATE BANKS CORPORATION	COMMON STOCK		20,757		28,327
CHARLES RIVER LABORATORIES	COMMON STOCK		10,685		13,596
CHURCHILL DOWNS INC	COMMON STOCK		28,166		63,661
CNO FINANCIAL GROUP INC	COMMON STOCK		41,611		38,853
COMFORT SYS USA INC COM	COMMON STOCK		15,422		20,389
CORELOGIC INC	COMMON STOCK		26,022		28,149
COTT CORPORATION	COMMON STOCK		39,878		34,186
DECKERS OUTDOOR CORP	COMMON STOCK		16,883		18,575
DENNYS CORP	COMMON STOCK		35,210		35,128
EMERGENT BIOSOLUTIONS INC	COMMON STOCK		42,278		50,281
ENTEGRIS INC	COMMON STOCK		9,282		32,358
ENTERPRISE FINL SVCS CORP	COMMON STOCK		27,778		32,879
EVERTEC INC	COMMON STOCK		35,167		38,703
FARO TECHNOLOGIES INC	COMMON STOCK		14,341		15,004
FEDERAL SIGNAL CORP	COMMON STOCK		34,210		49,181
FIRST INDL RLTY TR INC COM	COMMON STOCK		35,571		44,125
FIRST INTERSTATE BANCSYSTEM IN	COMMON STOCK		40,235		40,830
FIRST MERCHANTS CORP COM	COMMON STOCK		32,712		30,028
FORTUNE BRANDS HOME & SECURITY	COMMON STOCK		29,559		44,823
G-III APPAREL GROUP LTD	COMMON STOCK		24,430		21,943
GCI LIBERTY INC	COMMON STOCK		17,664		31,528
GENERAC HOLDINGS INC	COMMON STOCK		11,262		21,627
HELEN OF TROY LIMITED	COMMON STOCK		14,414		21,035
HELIOS TECHNOLOGIES INC	COMMON STOCK		21,699		22,005
HELIX ENERGY SOLUTIONS INC	COMMON STOCK		46,372		49,893

Interpublic Retirement Account Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

As of December 31, 2019

Identity of issue, borrower, lessor or similar party	Description of Asset Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
HERITAGE FINANCIAL CORP/WA	COMMON STOCK	25,152	22,640
HOWARD HUGHES CORP/THE	COMMON STOCK	43,275	40,449
HUNTSMAN CORP	COMMON STOCK	19,937	20,343
ICU MED INC COM	COMMON STOCK	35,891	46,032
IMAX CORP COM	COMMON STOCK	25,701	22,207
INNOSPEC INC	COMMON STOCK	24,845	47,169
INSTALLED BUILDING PRODUCTS IN	COMMON STOCK	16,766	19,628
INTER PARFUMS INC	COMMON STOCK	26,394	35,773
J2 GLOBAL, INC.	COMMON STOCK	15,928	17,617
KADANT INC	COMMON STOCK	25,148	50,458
KINSALE CAPITAL GROUP INC	COMMON STOCK	31,210	56,625
LIBERTY BRAVES GROUP	COMMON STOCK	18,791	32,819
LIBERTY LATIN AMERICA LTD.	COMMON STOCK	42,682	37,110
LINDBLAD EXPEDITIONS HOLDINGS	COMMON STOCK	14,046	14,977
LITTLEFUSE INC COM	COMMON STOCK	17,873	31,565
LIVANOVA PLC	COMMON STOCK	38,453	43,297
MANCHESTER UNITED PLC	COMMON STOCK	17,311	20,827
MAXLINEAR INC	COMMON STOCK	20,735	19,056
MGIC INVT CORP WI	COMMON STOCK	19,906	21,652
MKS INSTRS INC	COMMON STOCK	11,594	24,422
MOBILE IRON INC	COMMON STOCK	24,096	18,215
MONARCH CASINO AND RESORT	COMMON STOCK	16,817	19,323
NATIONAL STORAGE AFFILIATES TR	COMMON STOCK	37,516	35,805
NCR CORPORATION COM	COMMON STOCK	40,484	53,303
NEW PENNYMAC FINANCIAL SERVICE	COMMON STOCK	30,921	33,461
NEW RESIDENTIAL INVESTMENT CORP	COMMON STOCK	40,215	47,637
NUANCE COMMUNICATIONS INC	COMMON STOCK	26,308	33,520
NUVASIVE INC	COMMON STOCK	17,659	25,677
NV5 GLOBAL INC	COMMON STOCK	18,530	16,396
OMNICELL INC	COMMON STOCK	23,888	35,712
ONTO INNOVATION INC	COMMON STOCK	17,880	28,720
PACIFIC PREMIER BANCORP	COMMON STOCK	20,856	25,823
PATTERSON-UTI ENERGY INC	COMMON STOCK	29,479	17,934
PHIBRO ANIMAL HEALTH CORP	COMMON STOCK	43,208	33,918
PJT PARTNERS INC	COMMON STOCK	25,896	25,724
PRIMO WATER CORP	COMMON STOCK	15,452	12,931
R1 RCM INC	COMMON STOCK	45,494	49,116
RADIAN GROUP INC	COMMON STOCK	39,734	64,435
RED ROCK RESORTS, INC	COMMON STOCK	36,553	37,458
REXFORD INDUSTRIAL REALTY INC	COMMON STOCK	30,155	48,365
SAIA INC	COMMON STOCK	20,350	27,098
SPIRE INC.	COMMON STOCK	43,319	47,403
SPS COMMERCE INC	COMMON STOCK	16,523	17,624
SPX CORP	COMMON STOCK	45,115	66,297
STAG INDUSTRIAL INC	COMMON STOCK	36,934	51,838
STEPAN CO COM	COMMON STOCK	34,112	41,591
TCF FINANCIAL CORP	COMMON STOCK	36,433	44,928
TEAM, INC. COMMON STOCK	COMMON STOCK	4,974	3,306
TERADATA CORP	COMMON STOCK	36,071	28,055
TETRA TECH INC NEW	COMMON STOCK	11,091	17,490
TIVITY HEALTH INC	COMMON STOCK	21,698	19,735
TOPBUILD CORP	COMMON STOCK	12,420	22,575
TRICO BANCSHARES COM	COMMON STOCK	32,699	36,198
VIA VI SOLUTIONS INC	COMMON STOCK	18,923	26,025
WHITE MOUNTAINS INSURANCE GROUP INC	COMMON STOCK	43,251	50,198

Interpublic Retirement Account Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2019

Identity of issue, borrower, lessor or similar party	Description of Asset Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
WILLDAN GROUP INC	COMMON STOCK	24,907	26,949
WOLVERINE WORLD WIDE INC COM	COMMON STOCK	31,583	36,304
WSFS FINANCIAL CORP	COMMON STOCK	40,475	36,952
ZYNGA INC	COMMON STOCK	21,599	34,150
Total Investments		<u>\$ 63,107,846</u>	<u>\$ 99,308,007</u>

The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A., the Plan Trustee.

* Denotes a party-in-interest.

Interpublic Retirement Account Plan
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within
Year)
For the Year Ended December 31, 2019

Identity of issue, borrower, lessor or similar party	Description of Asset Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost of acquisitions	Proceeds of dispositions
CERENCE INC	COMMON STOCK	\$ (4,001)	\$ 3,546
CLOUDERA INC	COMMON STOCK	(17,542)	6,178
COLUMBUS MCKINNON CORP N Y	COMMON STOCK	(24,281)	24,327
COVETRUS INC	COMMON STOCK	(16,176)	6,886
DESIGNER BRANDS INC	COMMON STOCK	(34,842)	22,503
SOTHEBYS	COMMON STOCK	(16,626)	23,940
TOTAL		<u><u>\$ (113,468)</u></u>	<u><u>\$ 87,380</u></u>

The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A., the Plan Trustee.

Interpublic Retirement Account Plan **Schedule H, Line 4j – Schedule of Reportable Transactions – Single Transactions** **For the Year Ended December 31, 2019**

Individual transactions in excess of 5% of the current value of the Plan assets at the beginning of the plan year as defined in Section 2520.103-6 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

(a) Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Wells Fargo Bank, N.A.	Wellington CTF Opportunistic Fund (Absolute Ret)	\$ -	\$ 7,158,262	N/A	N/A	\$ 6,414,941	\$ 7,158,262	\$ 743,321
Wells Fargo Bank, N.A.	Wells Fargo Treasury Plus Money Market Inst*	\$ 6,694,789	\$ -	N/A	N/A	\$ 6,694,789	\$ 6,694,789	\$ -
Wells Fargo Bank, N.A.	Wells Fargo Treasury Plus Money Market Inst*	\$ -	\$ 6,500,000	N/A	N/A	\$ 6,500,000	\$ 6,500,000	\$ -

The information in this schedule has been certified as to its completeness and accuracy by Wells Fargo Bank, N.A., the Plan Trustee.

*Denotes a party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	The Interpublic Group of Companies, Inc.
EIN/PN	13-1024020/001
Plan Name	The Interpublic Retirement Account Plan
Valuation Date	January 1, 2019
Enrolled Actuary	Mark E. Shive, F.S.A., E.A.
Enrollment Number	20-08352

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

This 2019 plan year Schedule SB has been revised to reflect additional 2019 plan year contributions. The provisions of the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was signed into law in March 2020 allowed plan sponsors to delay contributions with due dates in 2020 to a date later than the filing due date for the 2019 Form 5500. In Notice 2020-61 Q-8 the IRS instructed plan sponsors to complete an amended filing when the delayed contribution(s) for the 2019 plan year were eventually deposited. This amended Schedule SB filing includes the additional contribution and shows no unmet minimum required contribution on line 39.

Plan Name:	The Interpublic Retirement Account Plan
EIN / PN:	13-1024020/001
Plan Sponsor:	The Interpublic Group of Companies, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
--	--	---

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

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

A Name of plan THE INTERPUBLIC RETIREMENT ACCOUNT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Interpublic Group Of Companies, Inc.	D Employer Identification Number (EIN) 13-1024020
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2019	
2 Assets:	
a Market value.....	2a 90,614,130
b Actuarial value	2b 96,842,541
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 936 (2) Vested Funding Target 61,343,290 (3) Total Funding Target 61,343,290
b For terminated vested participants	2,022 35,346,049 35,346,049
c For active participants	259 6,385,337 6,491,739
d Total	3,217 103,074,676 103,181,078
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 5.40%
6 Target normal cost	6 1,450,000

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

SIGN HERE	Mark E Shive
Signature of actuary	Date 2008352
Mark E Shive, F.S.A., E.A.	Most recent enrollment number 973-290-2500
Type or print name of actuary	Telephone number (including area code)
Willis Towers Watson US LLC	
Firm name	
8 Campus Drive	
4th Floor	
Parsippany NJ 07054	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1,064,568
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,064,568
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>-7.30%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		1,497
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		-109
c Total available at beginning of current plan year to add to prefunding balance.....		1,388
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	93.85%
15 Adjusted funding target attainment percentage.....	15	93.85%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.28%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2019	550,000	0			
07/11/2019	550,000	0			
10/11/2019	550,000	0			
01/10/2020	550,000	0			
04/10/2020	700,000	0			
09/11/2020	5,200	0			
01/04/2021	1,285,000	0			
Totals ▶			18(b)	4,190,200	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	3,941,380

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 56
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	1,450,000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>6,338,537</td> <td>1,335,396</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	6,338,537	1,335,396	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	6,338,537	1,335,396										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	2,785,396										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35)	36	2,785,396										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3,941,380										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1,155,984										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 19
Discounted Employer Contributions
as of January 1, 2019

Date	Applicable Plan Year	Contribution	Interest Rate Used to Discount During Timely Contribution Period	Timely Contribution Period	Interest Rate Used to Discount During the CARES Act Extended Due Dates	Extended Due Date Period	Interest Adjusted Contribution
04/11/2019	2019	550,000	5.40%	0.27778	N/A	N/A	542,023
07/11/2019	2019	550,000	5.40%	0.52778	N/A	N/A	534,944
10/11/2019	2019	550,000	5.40%	0.77778	N/A	N/A	527,956
01/10/2020	2019	550,000	5.40%	1.02500	N/A	N/A	521,136
04/10/2020	2019	700,000	5.40%	1.27500	N/A	N/A	654,600
09/11/2020	2019	5,200	5.40%	1.69444	N/A	N/A	4,757
01/04/2021	2019	1,285,000	5.40%	1.70556	5.47%	0.30278	1,155,964
Total		4,190,200					3,941,380

Plan Name: The Interpublic Retirement Account Plan
 EIN / PN: 13-1024020/001
 Plan Sponsor: The Interpublic Group of Companies, Inc.
 Valuation Date: January 1, 2019

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
---	--	---

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

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

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

A Name of plan <u>THE INTERPUBLIC RETIREMENT ACCOUNT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE INTERPUBLIC GROUP OF COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>13-1024020</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2	Assets:	
	a Market value	2a <u>90614130</u>
	b Actuarial value	2b <u>96842541</u>
3	Funding target/participant count breakdown	
	a For retired participants and beneficiaries receiving payment	(1) Number of participants: <u>936</u> (2) Vested Funding Target: <u>61343290</u> (3) Total Funding Target: <u>61343290</u>
	b For terminated vested participants	<u>2022</u> <u>35346049</u> <u>35346049</u>
	c For active participants	<u>259</u> <u>6385337</u> <u>6491739</u>
	d Total	<u>3217</u> <u>103074676</u> <u>103181078</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
	a Funding target disregarding prescribed at-risk assumptions	4a
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate	5 <u>5.40 %</u>
6	Target normal cost	6 <u>1450000</u>

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary <u>MARK E SHIVE F.S.A., E.A.</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>8 CAMPUS DRIVE</u> <u>4TH FLOOR</u> <u>PARSIPPANY, NJ 07054</u> Address of the firm	<u>09/13/2021</u> Date <u>20-08352</u> Most recent enrollment number <u>973-290-2500</u> Telephone number (including area code)
------------------	---	--

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

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

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1064568
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1064568
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-7.30</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1497
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-109
c Total available at beginning of current plan year to add to prefunding balance		1388
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14 Funding target attainment percentage	14	93.85%	
15 Adjusted funding target attainment percentage	15	93.85%	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.28%	
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%	

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2019	550000	0	09/11/2020	5200	0
07/11/2019	550000	0			
10/11/2019	550000	0			
01/10/2020	550000	0			
04/10/2020	700000	0			
01/04/2021	1285000				
Totals ▶			18(b)	4190200	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3941380
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 3.74%</div> <div>2nd segment: 5.35%</div> <div>3rd segment: 6.11%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)		21b 0
22	Weighted average retirement age		22 56
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years		28 0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)		29 0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		30 0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)		31a 1450000
b	Excess assets, if applicable, but not greater than line 31a		31b 0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	6338537	1335396
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34 2785396
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		36 2785396
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 3941380
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 1155984
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected ☐ 2 plus 7 years ☐ 15 years		
b	Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		