

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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 GROUP OF COMPANIES, INC. SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1978</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1978</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1978</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE INTERPUBLIC GROUP OF COMPANIES, INC.</u> <u>909 THIRD AVENUE 24TH FLOOR</u> <u>NEW YORK, NY 10022</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-1024020</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>212-704-1200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541800</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-1024020</u>	2c Plan Sponsor's telephone number <u>212-704-1200</u>	2d Business code (see instructions) <u>541800</u>	
2b Employer Identification Number (EIN) <u>13-1024020</u>					
2c Plan Sponsor's telephone number <u>212-704-1200</u>					
2d Business code (see instructions) <u>541800</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	KEN LAREAU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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	36814
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	22992
a(2) Total number of active participants at the end of the plan year		6a(2)	21391
b Retired or separated participants receiving benefits.....		6b	301
c Other retired or separated participants entitled to future benefits		6c	13991
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	35683
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	53
f Total. Add lines 6d and 6e		6f	35736
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	31175
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	256
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE INTERPUBLIC GROUP OF COMPANIES, INC.	D Employer Identification Number (EIN) 13-1024020	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ADVISED ASSETS GROUP, LLC

84-1532243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	1261231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS CAPITAL MANAGEMENT

95-3692822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	832191	Yes ☒ No ☐	Yes ☒ No ☐	35439	Yes ☐ No ☒

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

GREAT-WEST LIFE & ANNUITY INSURANCE

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 50 37 15	NONE	721322	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

JP MORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 28 50 51	NONE	372356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GWFS EQUITIES INC

8515 E ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 59 63 72	NONE	3834	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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-size: small;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2020</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
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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>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE BOND FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN <u>30-0224496-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>212864884</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2040-CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN <u>20-3063440-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>170859475</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LIQUIDITY FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN <u>13-6285055-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5644362</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2045-CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN <u>20-5819388-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>206687317</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2055-CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN <u>45-5595944-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62445645</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON SMID CAP RESEARCH EQUITY

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

c EIN-PN <u>04-6913417-129</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>201584177</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2020-CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN <u>20-3063359-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47787345</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2025-CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-5819098-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85695299
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2030-CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-3063387-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134655152
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2035-CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-5819181-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154310430
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE INCOME-CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-3063490-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32634478
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2050-CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 20-5819476-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96334865
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2060 CF-A

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK

c EIN-PN 81-3221155-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14692418
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

c EIN-PN 22-2712853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE INTERPUBLIC GROUP OF COMPANIES, INC.	D Employer Identification Number (EIN) 13-1024020	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9055644	2878692
(2) Participant contributions.....	1b(2)	4409053	0
(3) Other	1b(3)	206512	2396141
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1746152	7859176
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	180582935	250385440
(5) Partnership/joint venture interests	1c(5)	28972	19039
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	15550606	14732494
(9) Value of interest in common/collective trusts	1c(9)	1238964039	1426195847
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1274474020	1420331577
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	44715473	60504357

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)	8910015	8595496
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2778643421	3193898259

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	706748	861341
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	118729	4722847
k Total liabilities (add all amounts in lines 1g through 1j)	1k	825477	5584188

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2777817944	3188314071
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	58145773	
(B) Participants	2a(1)(B)	160068767	
(C) Others (including rollovers).....	2a(1)(C)	29443968	
(2) Noncash contributions	2a(2)	0	247658508
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	11686	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	787320	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		799006
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	49403578
(B) Common stock	2b(2)(B)	1687586	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	47715992	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		49403578
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	43787028	323924
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	43463104	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	68109619
(B) Other	2b(5)(B)	68109619	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		165560354
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		129901228
c Other income	2c		12324014
d Total income. Add all income amounts in column (b) and enter total.....	2d		674080231

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	259903644	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		259903644
f Corrective distributions (see instructions)	2f		14199
g Certain deemed distributions of participant loans (see instructions).....	2g		6626
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	4200	
(2) Contract administrator fees	2i(2)	2055195	
(3) Investment advisory and management fees	2i(3)	1576468	
(4) Other.....	2i(4)	23772	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3659635
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		263584104

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		410496127
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?		X	
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.)	X		
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<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>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

Part I	Distributions
--------	---------------

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>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): 84-1455663</div>		
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	

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.)
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<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

Part III	Amendments
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<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
--	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

- 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 _____

The Interpublic Group of Companies, Inc. Savings Plan

**Financial Statements and Supplemental Schedule
December 31, 2020 and 2019**

The Interpublic Group of Companies, Inc. Savings Plan Index

As of and For the Years Ended December 31, 2020 and 2019

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



Report of Independent Auditors

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Interpublic Group of Companies, Inc. Savings Plan (the “Plan”), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

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

Auditors’ Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Great-West Trust Company, LLC, 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, 2020 and 2019 and for the year ended December 31, 2020, 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 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

September 28, 2021

The Interpublic Group of Companies, Inc. Savings Plan
Statements of Net Assets Available for Benefits
As of December 31, 2020 and 2019

ASSETS	2020	2019
Investments, at fair value (Note 3)	\$ 2,955,381,686	\$ 2,562,293,926
Investments, at contract value (Note 4)	210,442,746	185,039,903
Receivables:		
Company contributions receivable	2,878,692	9,055,644
Participant contributions receivable	-	4,409,053
Interest and dividends receivable	67,219	102,304
Receivable for securities sold	2,328,922	104,208
Notes receivable from participants	14,732,494	15,550,606
Total receivables	<u>20,007,327</u>	<u>29,221,815</u>
 Total assets	 <u>3,185,831,759</u>	 <u>2,776,555,644</u>
 LIABILITIES		
Payables:		
Payable for securities purchased	4,722,847	118,729
Administrative expenses payable	861,341	706,748
Total liabilities	<u>5,584,188</u>	<u>825,477</u>
 Net assets available for benefits	 <u>\$ 3,180,247,571</u>	 <u>\$ 2,775,730,167</u>

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

The Interpublic Group of Companies, Inc. Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

ADDITIONS

Contributions:

Participant	\$	160,068,767
Company, net		58,145,773
Rollovers (Note 1)		29,443,968
Total contributions		<u>247,658,508</u>

Investment income:

Interest and dividend income		49,415,264
Net appreciation/(depreciation) in fair value of investments		<u>370,240,416</u>
Net investment income/(loss)		419,655,680

Interest income on notes receivable from participants		<u>787,320</u>
Total additions		668,101,508

DEDUCTIONS

Benefits paid to participants		259,924,469
Administrative expenses		<u>3,659,635</u>
Total deductions		<u>263,584,104</u>

Net increase in net assets available for benefits		404,517,404
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Net assets available for benefits

Beginning of year		<u>2,775,730,167</u>
End of year	\$	<u><u>3,180,247,571</u></u>

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

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2020 and 2019

1. Description of Plan

General

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

Participation

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

Administration

The Plan is administered by the Company's Global Benefits Department, as delegated by the Management Human Resources Committee of the Company on August 16, 2017. The recordkeeper of the Plan is Great-West Financial Retirement Plan Services, LLC (the "Recordkeeper") and the trustee is Great-West Trust Company, LLC (the "Trustee").

Contributions

Participants may contribute to the Plan, through payroll deductions, up to 25% of their eligible wages, as defined in the Plan document. Contributions may be on a pre-tax basis, Roth 401(k) basis, or a combination of both. The Internal Revenue Code ("IRC") limits the maximum amount of a participant's contributions to \$19,500 in 2020. Contributions may be subject to certain other limitations. Participants who are at least age 50 by the last day of the calendar year may be eligible to make catch-up contributions within the IRC limit of \$6,500 in 2020.

Participants with less than 10 years of service receive a Company matching contribution of 50% of the first 6% of their contributions. Participants with 10 or more years of service receive a Company matching contribution of 75% of the first 6% of their contributions. An additional discretionary match was contributed for 2020 based on the Company's domestic business performance. The amount of the 2020 performance based match totaled \$2,878,692 or 3% of each matched dollar contributed to the Plan by the participants.

Participants may make rollover contributions into the Plan representing distributions from other qualified plans. Rollovers from qualified plans were \$29,443,968 for the year ended December 31, 2020.

Participant Accounts

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

Payment of Benefits

On termination of service including death, disability or retirement, a participant will receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or elect to defer payment to a later date but no later than the year they reach age 70½. If the vested account is \$1,000 or less, the record-keeper will automatically distribute the vested balance as a lump sum.

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2020 and 2019

As permitted by the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”), the Plan allowed, qualified individuals to take Coronavirus-Related Distributions of up to \$100,000 during the period January 1 through December 30, 2020. Individuals taking a Coronavirus Related Distribution have the option to recontribute up to the full amount of the distribution to the Plan within three years. In addition, required minimum distributions were waived for the 2020 plan year.

Vesting

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

Forfeitures

Forfeitures of the non-vested portion of the participants' share of the Company's contributions and related accumulated investment income resulting from termination of service prior to vesting totaled \$5,073,203 and \$5,487,365 for the years ended December 31, 2020 and 2019, respectively. The Plan uses forfeitures on a monthly basis to offset Company contributions. Company contributions reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020 is net of forfeitures used totaling \$5,078,023. The ending forfeiture balance was \$95,677 and \$100,497 as of December 31, 2020 and 2019, respectively.

Notes Receivable from Participants

Participants may borrow up to one-half of the value of their vested account balance for either a home loan or a general loan. The principal balance must not exceed \$50,000 and must be for a minimum of \$1,000. General loans must be repaid within a five-year period; home loans must be repaid within a ten-year period. Interest is charged at rates as outlined by the Plan, which is prime plus 1%. Principal and interest may be paid ratably through monthly payroll deductions. Repayment of the entire balance is permitted at any time. Terms and maturities of participant loans issued by pre-merger plans may differ. Participants who terminate employment will be required to repay the loan amount, plus accrued interest, to the Plan within 90 days. Participants who default on loans will be taxed on the amount of the outstanding loan balance. Interest rates on outstanding loans at December 31, 2020 and 2019 ranged from 3.25% to 7.00% and 3.25% to 8.75%, respectively.

As permitted by the CARES Act, the participant loan limit was temporarily increased to the lesser of \$100,000 or 100% of the vested account balance. This increase was permitted for loans granted from March 27, 2020 through September 22, 2020. In addition, for qualified individuals, repayments of loans due between March 27, 2020 and December 31, 2020 were allowed to be deferred until 2021, subject to reamortization of payments due after December 31, 2020.

Termination of the Plan

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

2. Summary of Accounting Policies

Basis of Accounting

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

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

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2020 and 2019

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, and disclosure of contingent assets and liabilities, if any, at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded on the accrual basis. Net appreciation/(depreciation) in the 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

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

Benefit Payments

Benefit payments are recorded when paid.

Contributions Receivable

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

Notes Receivable from Participants

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

3. Fair Value Measurements

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

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

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2020 and 2019

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, 2020 and 2019. The methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

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

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

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

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

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

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value at December 31, 2020 and 2019.

Investments at Fair Value as of December 31, 2020				
<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 7,859,176	\$ -	\$ -	\$ 7,859,176
Self-directed brokerage accounts	60,523,396	-	-	60,523,396
Common stock	257,003,961	-	-	257,003,961
American depository receipts	1,976,975	-	-	1,976,975
Registered investment companies	1,420,331,577	-	-	1,420,331,577
Total investments	<u>\$ 1,747,695,085</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,747,695,085</u>
Investments measured at net asset value ^(a)				1,207,686,601
Total investments, at fair value				<u>\$ 2,955,381,686</u>

Investments at Fair Value as of December 31, 2019				
<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 1,746,152	\$ -	\$ -	\$ 1,746,152
Self-directed brokerage accounts	44,744,445	-	-	44,744,445
Common stock	184,533,703	-	-	184,533,703
American depository receipts	4,959,247	-	-	4,959,247
Registered investment companies	1,274,474,020	-	-	1,274,474,020
Total investments	<u>\$ 1,510,457,567</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,510,457,567</u>
Investments measured at net asset value ^(a)				1,051,836,359
Total investments, at fair value				<u>\$ 2,562,293,926</u>

(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 Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2020 and 2019

The following tables for December 31, 2020 and 2019 set forth a summary of the Plan's investments that are measured at fair value using NAV per share as a practical expedient.

Fair Value Estimated Using Net Asset Value per Share as of December 31, 2020					
<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Settlement Terms</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
JPMCB SmartRetirement DRE Income Fund-CF-A	\$ 32,634,478	\$ -	1 day	*	*
JPMCB Target Date Retirement DRE CF-A Funds	973,467,946	-	1 day	*	*
Wellington SMID CAP Research Equity	201,584,177	-	1 day	**	**
Total	<u>\$ 1,207,686,601</u>	<u>\$ -</u>			

* Redemption frequency is daily for participants and quarterly for the Plan sponsor, excluding any suspension in market trading. Redemption notice period is 2:30pm EST same day for participants and in writing the 15th day of the month before a calendar quarter end for the Plan sponsor (to be effective the last business day of the quarter). This applies to all partial and full redemptions, including, but not limited to, corporate actions and proactive movements of assets from one vintage to another.

** Redemption frequency is daily for participants and for the Plan sponsor. Requests must be submitted by 4:00pm EST on trade date. Transactions will be settled one day after the trade date selected.

Fair Value Estimated Using Net Asset Value per Share as of December 31, 2019					
<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Settlement Terms</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
JPMCB SmartRetirement DRE Income Fund-CF-A	\$ 34,126,834	\$ -	1 day	*	*
JPMCB Target Date Retirement DRE CF-A Funds	834,751,308	-	1 day	*	*
Wellington SMID CAP Research Equity	182,958,217	-	1 day	**	**
Total	<u>\$ 1,051,836,359</u>	<u>\$ -</u>			

* Redemption frequency is daily for participants and quarterly for the Plan sponsor, excluding any suspension in market trading. Redemption notice period is 2:30pm EST same day for participants and in writing the 15th day of the month before a calendar quarter end for the Plan sponsor (to be effective the last business day of the quarter). This applies to all partial and full redemptions, including, but not limited to, corporate actions and proactive movements of assets from one vintage to another.

** Redemption frequency is daily for participants and for the Plan sponsor. Requests must be submitted by 4:00pm EST on trade date. Transactions will be settled one day after the trade date selected.

4. Fully Benefit-Responsive Investment Contracts

Participants in the Plan have a Stable Value Fund investment option that is composed of fully benefit-responsive synthetic investment contracts. These contracts meet the fully benefit-responsive investment contract criteria and are therefore reported at contract value. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

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

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2020 and 2019

contract value of the SIC is the adjustment to contract value. The contract value of the SIC represents accumulated contributions made plus earnings, less Plan withdrawals and administrative expenses. The fair value of the wrapper is the difference between the present value of the replacement cost and the present value of the actual cost.

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

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

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

5. Risks and Uncertainties

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

Financial instruments that could potentially subject the Plan to significant concentrations of credit risk consist principally of SICs. The Plan, through its investment in a SIC, has credit exposure with the financial institution that is the holder of the wrap contract. The contract holders are rated A+ and AA- at December 31, 2020 and AA- at December 31, 2019 and for the years then ended. The Plan has not experienced any material credit losses on its investments.

6. Tax Status

The Internal Revenue Service (the "IRS") determined and informed the Company, by a letter dated April 19, 2017, that the Plan was in compliance with the applicable requirements of the IRC. The Plan has been amended since the receipt of the determination letter. The 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. 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 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 2017.

7. 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, all of the investments, notes receivable from participants and investment income information in the accompanying

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2020 and 2019

financial statements, related notes and supplemental schedule were obtained or derived from information certified as complete and accurate by the Trustee, and was not subject to audit, excluding the fair value leveling and related disclosures in Note 3 as of December 31, 2020 and 2019.

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

	As of December 31,	
	2020	2019
ASSETS		
Investments at fair value:		
Cash and cash equivalents	\$ 7,859,176	\$ 1,746,152
Common stock	257,003,961	184,533,703
American depository receipts	1,976,975	4,959,247
Registered investment companies	1,420,331,577	1,274,474,020
Self-directed brokerage accounts	60,523,396	44,744,445
Total investments at fair value	1,747,695,085	1,510,457,567
Investments at net asset value:		
Common/collective trusts	1,207,686,601	1,051,836,359
Total investments at net asset value	1,207,686,601	1,051,836,359
Investments at contract value:		
Fully benefit-responsive investment contracts	210,442,746	185,039,903
Total investments at contract value	210,442,746	185,039,903
Total investments	3,165,824,432	2,747,333,829
Receivables:		
Interest and dividends receivable	67,219	102,304
Receivable for securities sold	2,328,922	104,208
Notes receivable from participants	14,732,494	15,550,606
Total receivables	17,128,635	15,757,118
Total assets	\$ 3,182,953,067	\$ 2,763,090,947
LIABILITIES		
Payables:		
Payable for securities purchased	4,722,847	118,729
Total liabilities	\$ 4,722,847	\$ 118,729

For the year ended December 31, 2020, the Plan's total income/(loss) is as follows:

	Year Ended December 31, 2020
Common stock	\$ 68,433,543
Registered investment companies	129,901,228
Common/collective trusts	154,657,402
Fully benefit-responsive investment contracts	4,924,229
Other	12,324,014
Net appreciation/(depreciation) of investments	370,240,416
Interest and dividend income	49,415,264
Interest income on notes receivable from participants	787,320
Total income/(loss) reported by Trustee	\$ 420,443,000

The Interpublic Group of Companies, Inc. Savings Plan

Notes to the Financial Statements

As of and For the Years Ended December 31, 2020 and 2019

8. Related-Party Transactions

The Trustee and the Recordkeeper, a subsidiary of the Trustee, provide recordkeeping services to the Interpublic Group of Companies, Inc. Savings Plan. Fees paid by the Plan to the Trustee totaling \$1,855,902 for the year ended December 31, 2020 qualify as party-in-interest transactions.

Company stock transactions qualify as party-in-interest transactions. The Plan held Company stock totaling \$8,595,496 and \$8,910,015, at December 31, 2020 and 2019, respectively. The closing price per share at December 31, 2020 and 2019 was \$23.52 and \$23.10, respectively. During 2020, Company stock was not purchased by the Plan; however, there was \$799,363 withdrawn for benefit payments and transfers out of the Plan.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2020 and 2019 to the Plan's Form 5500:

	<u>December 31, 2020</u>	<u>December 31, 2019</u>
Net assets available for benefits per financial statements	\$ 3,180,247,571	\$ 2,775,730,167
Adjustment from contract value to fair value for fully benefit responsive investment contracts	8,066,500	2,087,777
Net assets available for benefits per Form 5500	<u>\$ 3,188,314,071</u>	<u>\$ 2,777,817,944</u>

The following is a reconciliation of the investment income per the financial statements at December 31, 2020 to the Plan's Form 5500:

Net investment income/(loss) per financial statements	\$ 419,655,680
Interest income on notes receivable from participants	787,320
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	5,978,723
Total investment income/(loss) per Form 5500	<u>\$ 426,421,723</u>

10. Subsequent Events

For the year ended December 31, 2020, subsequent events were evaluated by management through September 28, 2021, the date the financial statements were available to be issued.

The Interpublic Group of Companies, Inc. Savings Plan

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

As of December 31, 2020

Identity of issue, borrower, lessor, or similar party	Description of Investment including maturity date, rate of interest, collateral, par or		Cost	Current value
	maturity value			
JP MORGAN TRUST II US TREAS PLUS MMF INST CLASS	CASH & CASH EQUIVALENTS	**		7,859,176
AIR PRODUCTS & CHEMICALS INC COMMON STOCK	COMMON STOCK	**		4,639,276
ALCON INC COMMON STOCK	COMMON STOCK	**		4,740,663
ALPHABET INC COMMON STOCK CL.A	COMMON STOCK	**		14,178,858
ALPHABET INC COMMON STOCK CL.C	COMMON STOCK	**		1,191,278
AMAZON.COM INC COMMON STOCK	COMMON STOCK	**		22,899,475
APTIV PLC COMMON STOCK	COMMON STOCK	**		4,247,454
ATLASSIAN CORP PLC COMMON STOCK CL.A	COMMON STOCK	**		5,645,622
AUTODESK INC COMMON STOCK	COMMON STOCK	**		5,743,445
CHIPOTLE MEXICAN GRILL INC COMMON STOCK	COMMON STOCK	**		5,727,112
DEXCOM INC COMMON STOCK	COMMON STOCK	**		5,749,146
EDWARDS LIFESCIENCES CORP COMMON STOCK	COMMON STOCK	**		4,102,613
EXACT SCIENCES CORP COMMON STOCK	COMMON STOCK	**		4,317,849
FERRARI NV COMMON STOCK	COMMON STOCK	**		3,892,659
FISERV INC COMMON STOCK	COMMON STOCK	**		6,735,161
GLOBAL PAYMENTS INC COMMON STOCK	COMMON STOCK	**		5,292,869
HOME DEPOT INC COMMON STOCK	COMMON STOCK	**		6,831,746
INTERCONTINENTAL EXCHANGE INC COMMON STOCK	COMMON STOCK	**		6,731,783
INTUITIVE SURGICAL INC COMMON STOCK	COMMON STOCK	**		6,258,465
MATCH GROUP INC COMMON STOCK	COMMON STOCK	**		5,094,952
MERCADOLIBRE INC COMMON STOCK	COMMON STOCK	**		7,789,773
MICROSOFT CORP COMMON STOCK	COMMON STOCK	**		23,741,111
MONGODB INC COMMON STOCK	COMMON STOCK	**		6,624,288
MOTOROLA SOLUTIONS INC COMMON STOCK	COMMON STOCK	**		3,726,015
NETFLIX INC COMMON STOCK	COMMON STOCK	**		6,429,280
PAYPAL HOLDINGS INC COMMON STOCK	COMMON STOCK	**		10,030,786
S&P GLOBAL INC COMMON STOCK	COMMON STOCK	**		4,881,641
SBA COMMUNICATIONS CORP COMMON STOCK	COMMON STOCK	**		4,133,205
SERVICENOW INC COMMON STOCK	COMMON STOCK	**		8,922,470
SHERWIN WILLIAMS CO COMMON STOCK	COMMON STOCK	**		7,077,183
UNION PACIFIC CORP COMMON STOCK	COMMON STOCK	**		6,173,723
UNITED PARCEL SERVICE INC COMMON STOCK CL.B	COMMON STOCK	**		4,637,736
UNITEDHEALTH GROUP INC COMMON STOCK	COMMON STOCK	**		9,356,142
UNITY SOFTWARE INC COMMON STOCK	COMMON STOCK	**		3,591,658
VISA INC COMMON STOCK CL.A	COMMON STOCK	**		11,128,982
WASTE CONNECTIONS INC COMMON STOCK	COMMON STOCK	**		6,144,046
TENCENT HOLDINGS LTD COMMON STOCK - UNSPONSORED ADR	ADR	**		1,976,975
JPMCB SMARTRETIREMENT DRE 2020 FUND-CF-AJP20FA	COMMON/COLLECTIVE TRUST	**		47,787,345
JPMCB SMARTRETIREMENT DRE 2025 FUND-CF-AJP25FA	COMMON/COLLECTIVE TRUST	**		85,695,299
JPMCB SMARTRETIREMENT DRE 2030 FUND-CF-AJP30FA	COMMON/COLLECTIVE TRUST	**		134,655,152
JPMCB SMARTRETIREMENT DRE 2035 FUND-CF-AJP35FA	COMMON/COLLECTIVE TRUST	**		154,310,430
JPMCB SMARTRETIREMENT DRE 2040 FUND-CF-AJP40FA	COMMON/COLLECTIVE TRUST	**		170,859,475
JPMCB SMARTRETIREMENT DRE 2045 FUND-CF-AJP45FA	COMMON/COLLECTIVE TRUST	**		206,687,317
JPMCB SMARTRETIREMENT DRE 2050 FUND-CF-AJP50FA	COMMON/COLLECTIVE TRUST	**		96,334,865
JPMCB SMARTRETIREMENT DRE 2055 FUND-CF-AJP55FA	COMMON/COLLECTIVE TRUST	**		62,445,645
JPMCB SMARTRETIREMENT DRE 2060 FUND-CF-AJSR60A	COMMON/COLLECTIVE TRUST	**		14,692,418
JPMCB SMARTRETIREMENT DRE INC FUND-CF-A	COMMON/COLLECTIVE TRUST	**		32,634,478
WELLINGTON SMID CAP RESEARCH EQUITY	COMMON/COLLECTIVE TRUST	**		201,584,177
AMERICAN FUNDS EUROPACIFIC GR R6	REGISTERED INVESTMENT COMPANY	**		290,248,397
DODGE & COX STOCK FUND	REGISTERED INVESTMENT COMPANY	**		347,765,362
JHANCOCK INCOME R6	REGISTERED INVESTMENT COMPANY	**		60,710,977
PIMCO HIGH YIELD INSTL	REGISTERED INVESTMENT COMPANY	**		57,998,139
VANGUARD INSTITUTIONAL INDEX INSTL PL	REGISTERED INVESTMENT COMPANY	**		550,711,103
VANGUARD TOTAL BOND MARKET INDEX INST	REGISTERED INVESTMENT COMPANY	**		112,897,599
* EMPOWER BROKERAGE	SELF-DIRECTED BROKERAGE	**		60,504,357
* PUBLICLY TRADED PARTNERSHIPS	SELF-DIRECTED BROKERAGE	**		19,039
* THE INTERPUBLIC GROUP OF COMPANIES, INC	COMPANY STOCK	**		8,595,496

The Interpublic Group of Companies, Inc. Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2020

Identity of issue, borrower, lessor, or similar party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
STABLE VALUE FUND:			
JPMAM INTERMEDIATE BOND FUND	COMMON/COLLECTIVE TRUST	**	212,864,884
JPMCB LIQUIDITY FUND	COMMON/COLLECTIVE TRUST	**	5,644,362
TOTAL STABLE VALUE FUND			<u>218,509,246</u>
* NOTES RECEIVABLE FROM PARTICIPANTS	LOANS, UP TO 20 YEARS MATURITY WITH INTEREST RATES 3.25% TO 7.00%	**	14,732,494
			<u>\$ 3,188,623,426</u>

* A party-in-interest as defined by ERISA

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

The Interpublic Group of Companies, Inc. Savings Plan

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JP MORGAN TRUST II US TREAS PLUS MMF INST CLASS	CASH & CASH EQUIVALENTS	**	7,859,176
AIR PRODUCTS & CHEMICALS INC COMMON STOCK	COMMON STOCK	**	4,639,276
ALCON INC COMMON STOCK	COMMON STOCK	**	4,740,663
ALPHABET INC COMMON STOCK CL.A	COMMON STOCK	**	14,178,858
ALPHABET INC COMMON STOCK CL.C	COMMON STOCK	**	1,191,278
AMAZON.COM INC COMMON STOCK	COMMON STOCK	**	22,899,475
APTIV PLC COMMON STOCK	COMMON STOCK	**	4,247,454
ATLASSIAN CORP PLC COMMON STOCK CL.A	COMMON STOCK	**	5,645,622
AUTODESK INC COMMON STOCK	COMMON STOCK	**	5,743,445
CHIPOTLE MEXICAN GRILL INC COMMON STOCK	COMMON STOCK	**	5,727,112
DEXCOM INC COMMON STOCK	COMMON STOCK	**	5,749,146
EDWARDS LIFESCIENCES CORP COMMON STOCK	COMMON STOCK	**	4,102,613
EXACT SCIENCES CORP COMMON STOCK	COMMON STOCK	**	4,317,849
FERRARI NV COMMON STOCK	COMMON STOCK	**	3,892,659
FISERV INC COMMON STOCK	COMMON STOCK	**	6,735,161
GLOBAL PAYMENTS INC COMMON STOCK	COMMON STOCK	**	5,292,869
HOME DEPOT INC COMMON STOCK	COMMON STOCK	**	6,831,746
INTERCONTINENTAL EXCHANGE INC COMMON STOCK	COMMON STOCK	**	6,731,783
INTUITIVE SURGICAL INC COMMON STOCK	COMMON STOCK	**	6,258,465
MATCH GROUP INC COMMON STOCK	COMMON STOCK	**	5,094,952
MERCADOLIBRE INC COMMON STOCK	COMMON STOCK	**	7,789,773
MICROSOFT CORP COMMON STOCK	COMMON STOCK	**	23,741,111
MONGODB INC COMMON STOCK	COMMON STOCK	**	6,624,288
MOTOROLA SOLUTIONS INC COMMON STOCK	COMMON STOCK	**	3,726,015
NETFLIX INC COMMON STOCK	COMMON STOCK	**	6,429,280
PAYPAL HOLDINGS INC COMMON STOCK	COMMON STOCK	**	10,030,786
S&P GLOBAL INC COMMON STOCK	COMMON STOCK	**	4,881,641
SBA COMMUNICATIONS CORP COMMON STOCK	COMMON STOCK	**	4,133,205
SERVICENOW INC COMMON STOCK	COMMON STOCK	**	8,922,470
SHERWIN WILLIAMS CO COMMON STOCK	COMMON STOCK	**	7,077,183
UNION PACIFIC CORP COMMON STOCK	COMMON STOCK	**	6,173,723
UNITED PARCEL SERVICE INC COMMON STOCK CL.B	COMMON STOCK	**	4,637,736
UNITEDHEALTH GROUP INC COMMON STOCK	COMMON STOCK	**	9,356,142
UNITY SOFTWARE INC COMMON STOCK	COMMON STOCK	**	3,591,658
VISA INC COMMON STOCK CL.A	COMMON STOCK	**	11,128,982
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