Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1978

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)
THE INTERPUBLIC GROUP OF COMPANIES, INC.

622 THIRD AVENUE
NEW YORK, NY 10017

2b Employer Identification Number (EIN) 13-1024020

2c Plan Sponsor's telephone number 212-704-1365

2d Business code (see instructions) 541800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	LESLIE CHIOCCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	37725
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)**	21383
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	18863
b	Retired or separated participants receiving benefits	**6b**	563
c	Other retired or separated participants entitled to future benefits	**6c**	15989
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	35415
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	109
f	Total. Add lines **6d** and **6e**.	**6f**	35524
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	33543
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	31961
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	147
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
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 **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1050034	93629	150024-01	13020	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	336350348

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶ LOAN PAYMENTS				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
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 **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	815567	3500	01/01/2025	12/01/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	247478
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	306359
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	4770	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6)Total additions		7c(6)	4770
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	311129
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	63651	
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions		7e(5)	63651
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	247478

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan
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)

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

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

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

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

EMPOWER ADVISORY 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	2203946	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALL SPRING GLOBAL INVESTMENTS

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	1101030	Yes [X] No [ ]	Yes [X] No [ ]	20703	Yes [ ] No [X]

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

EMPOWER ANNUITY INSURANCE COMPANY

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	540196	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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	256755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC

04-2927339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	64601	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER FINANCIAL SERVICES, INC

84-0965407

(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 38 72	NONE	15197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE INTERPUBLIC GROUP OF COMPANIES, INC. SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2040-CF-B

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063440-001	C	241843521

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2045-CF-B

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5819388-001	C	312520217

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2055-CF-B

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-5595944-001	C	159004598

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6913417-129	C	211588898

a Name of MTIA, CCT, PSA, or 103-12 IE: NT AGGREGATE BOND INDEX FUND NL T4

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-088	C	157617466

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2025-CF-B

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5819098-001	C	66343510

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2030-CF-B

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-3063387-001	C	151551921

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2035-CF-B

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) 209080887

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE INCOME-CF-B

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) 51782243

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2050-CF-B

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) 188337543

a Name of MTIA, CCT, PSA, or 103-12 IE: SMART RETIREMENT DRE 2060-CF-B

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) 89529412

a Name of MTIA, CCT, PSA, or 103-12 IE: NT S&P 500 INDEX FUND DC NL T5

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

c EIN-PN 45-6138589-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1014789401

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

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

c EIN-PN 30-0224496-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119591297

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP EUROPACIFIC GROWTH SA

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336350348

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

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

c EIN-PN 13-6285055-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4714603

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

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

c EIN-PN 81-2998560-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38813352

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	3722329	3500394
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4724840	4206988
(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)	282053191	285329873
(5) Partnership/joint venture interests	1c(5)	29791	28889
(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)	20879917	19600591
(9) Value of interest in common/collective trusts	1c(9)	2762963377	3017108869
(10) Value of interest in pooled separate accounts	1c(10)	308074444	336350348
(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)	611102394	628600015
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	306359	247478
(15) Other	1c(15)	77514654	77926571

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	7099375	5835076
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	4078470671	4378735092
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	1002358	935471
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	3670872	3789091
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4673230	4724562
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4073797441	4374010530

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)	66796371	
(B) Participants	2a(1)(B)	187613782	
(C) Others (including rollovers)	2a(1)(C)	25001650	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		279411803
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	172268	
(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)	1666883	
(F) Other	2b(1)(F)	10893699	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12732850
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	1352239	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	55384158	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		56736397
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	115987405	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	120178870	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-4191465
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	44808774	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		44808774

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		392561445
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		81318382
(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)		20842873
c Other income	2c		10911963
d Total income. Add all **income** amounts in column (b) and enter total	2d		895133022
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	585529391	
(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)		585529391
f Corrective distributions (see instructions)	2f		16391
g Certain deemed distributions of participant loans (see instructions)	2g		59956
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	540196	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	3803309	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	18797	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4362302
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		589968040
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		305164982
l Transfers of assets:			
(1) To this plan	2l(1)		188065
(2) From this plan	2l(2)		5139958

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PRICEWATERHOUSE COOPERS **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
HERO DIGITAL 401(K) PLAN	46-4821970	001
G&A PARTNERS MULTIPLE EMPLOYER 401(K)PLAN	76-0461926	001

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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
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 Distributions

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

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

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

EIN(s): 20-3691708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

The Interpublic Group of Companies, Inc. Savings Plan

Financial Statements and Supplemental Schedule
Required by ERISA
December 31, 2025 and 2024

The Interpublic Group of Companies, Inc. Savings Plan
Index
As of and For the Years Ended December 31, 2025 and 2024

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2025	16

*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

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

We have performed an audit of the accompanying financial statements of The Interpublic Group of Companies, Inc. Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

PricewaterhouseCoopers LLP
301 Grant Street, Suite 4500
Pittsburgh, Pennsylvania 15219
(412) 355 6000

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter – Supplemental Schedule Required by ERISA

Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

Pittsburgh, Pennsylvania
October 14, 2026

The Interpublic Group of Companies, Inc. Savings Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

ASSETS	2025	2024
Investments, at fair value (Note 3)	$ 4,192,267,377	$ 3,898,351,998
Investments, at contract value (Note 4)	167,575,127	164,892,914
Receivables:		
Interest and dividends	100,331	85,465
Receivable for securities sold	3,400,063	3,636,864
Notes receivable from participants	19,600,591	20,879,917
Total receivables	23,100,985	24,602,246
Total assets	4,382,943,489	4,087,847,158
LIABILITIES		
Payables:		
Payable for securities purchased	3,789,091	3,670,872
Administrative expenses	935,471	1,002,358
Total liabilities	4,724,562	4,673,230
Net assets available for benefits	$ 4,378,218,927	$ 4,083,173,928

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, 2025

ADDITIONS		
Contributions:		
Participant	$	187,613,782
Company, net		66,796,371
Rollovers (Note 1)		25,001,650
Total contributions		279,411,803
Investment income:		
Interest and dividends		62,634,274
Net appreciation in fair value of investments		546,251,972
Net investment income		608,886,246
Interest income on notes receivable from participants		1,666,883
Total additions		889,964,932
DEDUCTIONS		
Benefits paid to participants		585,605,738
Administrative expenses		4,362,302
Total deductions		589,968,040
Net increase in net assets available for benefits		299,996,892
Transfers into the Plan		188,065
Transfers from this Plan		(5,139,958)
Net assets available for benefits		
Beginning of year		4,083,173,928
End of year	$	4,378,218,927

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

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 redirect their future contributions to any of the investment options at any given time.

Effective December 5, 2024, the Company sold Huge, LLC, a wholly owned subsidiary of the Company. On January 22, 2025, assets and loans totaling $2,260,643 and $299,635, respectively, were transferred out of the Plan.

Effective March 3, 2025, the Company sold R/GA Media Group, Inc., a wholly owned subsidiary of the Company. Assets and loans totaling $2,291,983 and $287,697, respectively, were transferred out of the Plan.

Effective November 26, 2025, the Company was acquired by Omnicom Group Inc. ("Omnicom") as a direct wholly owned subsidiary of Omnicom, and effective December 31, 2025, contributions to the Plan were frozen due to the pending merger of the Plan into the Omnicom Group Retirement Savings Plan.

Effective December 5, 2024, the Company acquired Intelligence Node Inc., a wholly owned subsidiary of the Company, and on December 3, 2025, assets totaling $188,065 were transferred into the Plan from the 401(k) sponsored by Intelligence Node, Inc.

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 Empower Plan Services, LLC (the "Recordkeeper") and the trustee is Empower 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 $23,500 in 2025. 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 $7,500 in 2025. Participants who are age 60 through 63 during the calendar year may make catch-up contributions up to $11,250 in 2025 in lieu of the standard $7,500 limit, subject to Roth treatment as required by the IRC for certain participants.

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. For any Plan year, the Company may determine to make an additional discretionary matching contribution on behalf of each participant. For the year ended December 31, 2025, no discretionary matching contribution was made on behalf of any participant.

Participants may make rollover contributions into the Plan representing distributions from other qualified plans. Rollovers from qualified plans were $25,001,650 for the year ended December 31, 2025.

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 the Required Minimum Distribution age, which is: (i) age 73 for an employee born between 1951 and 1959, (ii) age 75 for an employee born 1960 or later. If the vested account is $1,000 or less, the record-keeper will automatically distribute the vested balance as a lump sum.

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 $4,450,030 and $7,852,953 for the years ended December 31, 2025 and 2024, 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, 2025 is net of forfeitures used totaling $3,864,089. The ending forfeiture balance was $704,245 and $118,304 as of December 31, 2025 and 2024, 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, 2025 and 2024 are 4.25% to 9.50%, respectively.

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, except for benefit payments paid to participants, 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.

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 insurance contracts and 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.

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 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, 2025 and 2024. 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, which are interest-bearing, are classified within Level 1 of the fair value hierarchy.

Self-directed brokerage accounts primarily consist of interest-based cash, mutual funds, 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 as a practical expedient to estimate fair value. 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.

Pooled separate accounts are valued using the NAV as a practical expedient provided by the investment manager of the fund to estimate fair value. The NAV is based on the market value of the underlying assets.

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, 2025 and 2024.

	Investments at Fair Value as of December 31, 2025			
Investments	**Level 1**	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 4,206,988	$ -	$ -	$ 4,206,988
Self-directed brokerage accounts	77,955,460	-	-	77,955,460
Common stock	285,253,070	-	-	285,253,070
American depository receipts	5,911,879	-	-	5,911,879
Registered investment companies	628,600,015	-	-	628,600,015
Total investments	$ 1,001,927,412	$ -	$ -	$ 1,001,927,412
Investments measured at net asset value [(a)]				3,190,339,965
Total investments, at fair value				$ 4,192,267,377

	Investments at Fair Value as of December 31, 2024			
Investments	**Level 1**	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 4,724,840	$ -	$ -	$ 4,724,840
Self-directed brokerage accounts	77,544,445	-	-	77,544,445
Common stock	285,375,851	-	-	285,375,851
American depository receipts	3,776,715	-	-	3,776,715
Registered investment companies	611,102,394	-	-	611,102,394
Total investments	$ 982,524,245	$ -	$ -	$ 982,524,245
Investments measured at net asset value [(a)]				2,915,827,753
Total investments, at fair value				$ 3,898,351,998

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

The following tables for December 31, 2025 and 2024 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, 2025				
Investment	**Fair Value**	**Unfunded Commitment**	**Settlement Terms**	**Redemption Frequency**	**Redemption Notice Period**
JPMCB SmartRetirement DRE Income Fund-CF-B	$ 51,782,243	$ -	1 day	*	*
JPMCB Target Date Retirement DRE CF-B Funds	1,418,211,609	-	1 day	*	*
Wellington SMID CAP Research Equity	211,588,898	-	1 day	**	**
NT S&P 500 Idx Fund DC NL T5	1,014,789,401	-	1 day	***	***
NT Agg Bond Index Fund NL T4	157,617,466	-	1 day	***	***
Capital Group Europacific Growth SA	336,350,348	-	1 day	****	****
Total	$ 3,190,339,965	$ -			

* Redemption frequency is daily for participants. Plan Sponsors are subject to the quarterly redemption and re-mapping policy. Redemption notice period is 2:30pm EST same day for participants. For Plan-driven redemptions, the notice must be provided in writing on the 15th day of the month before a calendar quarter end (to be effective on the last business day of the quarter). For plan-driven re-mappings, the notice must be provided in writing on the 15th day of the month before a calendar quarter end (to be effective between the last business day of the quarter and the fifth business day of the following month). The notification periods above apply to all partial and full redemptions and all re-mappings, 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.

*** Redemption frequency is daily for participants and for the Plan sponsor. Requests must be submitted by 10:30am EST on the morning of the trade date. Transactions will be settled one day after the trade date selected.

**** Redemption frequency is daily for participants. Requests must be submitted by 4:00pm EST on trade date. Transactions will be settled one day after the trade date selected. Plan sponsors are required to submit written notice at least five business days prior to plan level withdrawals.

	Fair Value Estimated Using Net Asset Value per Share as of December 31, 2024				
Investment	Fair Value	Unfunded Commitment	Settlement Terms	Redemption Frequency	Redemption Notice Period
JPMCB SmartRetirement DRE Income Fund-CF-B	$ 54,416,666	$ -	1 day	*	*
JPMCB Target Date Retirement DRE CF-B Funds	1,277,503,607	-	1 day	*	*
Wellington SMID CAP Research Equity	222,192,475	-	1 day	**	**
NT S&P 500 Idx Fund DC NL T5	907,384,499	-	1 day	***	***
NT Agg Bond Index Fund NL T4	146,256,062	-	1 day	***	***
Capital Group Europacific Growth SA	308,074,444	-	1 day	****	****
Total	$ 2,915,827,753	$ -			

* 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 and the fifth business day of the month following quarter end). 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.

*** Redemption frequency is daily for participants and for the Plan sponsor. Requests must be submitted by 10:30am EST on the morning of the trade date. Transactions will be settled one day after the trade date selected.

**** Redemption frequency is daily for participants. Requests must be submitted by 4:00pm EST on trade date. Transactions will be settled one day after the trade date selected. Plan sponsors are required to submit written notice at least five business days prior to plan level withdrawals.

4. Fully Benefit-Responsive Investment Contracts

The Plan offers a Stable Value Fund investment option that is composed of fully benefit-responsive synthetic investment contacts. 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 synthetic investment contract ("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 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 by the issuer 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.

With the merger of RafterOne, the Plan assumed a fully benefit-responsive guaranteed investment contract with The Standard Insurance Company ("The Standard") effective in 2024. The Standard maintains the contributions in a general account named the Standard Stable Asset Fund X. The Standard Stable Asset Fund X is only available to plans who have elected the installment payout option. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits. Contract value, as reported to the Plan by The Standard, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The fund will be fully redeemed in 2028.

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 and Statement of Changes in 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+ & AA- at December 31, 2025 and December 31, 2024 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 ("IRS") determined and informed the Company, by a letter dated October 7, 2025, 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 2022.

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 related interest income and investment income/(loss) information in the accompanying 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, 2025 and 2024.

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

	As of December 31,	
	2025	2024
ASSETS		
Investments at fair value:		
Cash and cash equivalents	$ 4,206,988	$ 4,724,840
Common stock	285,253,070	285,375,851
American depository receipts	5,911,879	3,776,715
Registered investment companies	628,600,015	611,102,394
Self-directed brokerage accounts	77,955,460	77,544,445
Total investments at fair value	1,001,927,412	982,524,245
Investments at net asset value:		
Common/collective trusts	2,853,989,617	2,607,753,309
Pooled separate accounts	336,350,348	308,074,444
Total investments at net asset value	3,190,339,965	2,915,827,753
Investments at contract value:		
Fully benefit-responsive investment contracts	167,575,127	164,892,914
Total investments at contract value	167,575,127	164,892,914
Total investments	4,359,842,504	4,063,244,912
Receivables:		
Interest and dividends	100,331	85,465
Receivable for securities sold	3,400,063	3,636,864
Notes receivable from participants	19,600,591	20,879,917
Total receivables	23,100,985	24,602,246
Total assets	$ 4,382,943,489	$ 4,087,847,158
LIABILITIES		
Payables:		
Payable for securities purchased	3,789,091	3,670,872
Total liabilities	$ 3,789,091	$ 3,670,872

For the year ended December 31, 2025, the Plan's total income is as follows:

	Year Ended December 31, 2025
Common stock	$ 40,617,309
Registered investment companies	20,842,873
Common/collective trusts	392,561,445
Pooled separate accounts	81,318,382
Other	10,911,963
Net appreciation of investments	546,251,972
Interest and dividend income	62,634,274
Interest income on notes receivable from participants	1,666,883
Total income reported by Trustee	$ 610,553,129

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 $2,811,117 for the year ended December 31, 2025 qualify as party-in-interest transactions. The Plan also issues loans to participants, which are secured by the vested balances of the participants' accounts.

Company stock transactions qualify as party-in-interest transactions. The Plan held Omnicom and Company stock totaling $5,835,076 and $7,099,375 at December 31, 2025 and 2024, respectively. Company stock was converted to Omnicom stock on November 26, 2025. The closing price per share of Omnicom and Company stock at December 31, 2025 and 2024 was $80.75 and $28.02, respectively. During 2025, Omnicom and Company stock was not purchased by the Plan; however, there was $6,640,438 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, 2025 and 2024 to the Plan's Form 5500:

	December 31, 2025	December 31, 2024
Net assets available for benefits per financial statements	$ 4,378,218,927	$ 4,083,173,928
Adjustment from contract value to fair value for fully benefit responsive investment contracts	(4,208,397)	(9,376,487)
Net assets available for benefits per Form 5500	$ 4,374,010,530	$ 4,073,797,441

The following is a reconciliation of the investment income per the financial statements at December 31, 2025 to the Plan's Form 5500:

Net investment income per financial statements	$ 608,886,246
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	5,168,090
Total net investment income per Form 5500	$ 614,054,336

10. Subsequent Events

For the year ended December 31, 2025, subsequent events were evaluated by management through October 14, 2026, the date the financial statements were available to be issued.

Effective January 1, 2026, employees of the Company will be eligible to participate in the Omnicom Group Retirement Savings Plan and effective October 1, 2026, assets totaling $3,552,590,019 were transferred from the Plan into the Omnicom Group Retirement Savings Plan.

On January 30, 2026, assets totaling $126,251 were transferred from the Intelligence Node Inc. 401(k) Profit Sharing Plan and Trust to the Plan.

Effective February 19, 2026, Jack Morton, LLC, a wholly owned subsidiary of the Company, was sold to a third party. Assets totaling $5,538,564 were transferred from the Plan on March 31, 2026.

The Interpublic Group of Companies, Inc. Savings Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value**
	JP MORGAN TRUST II US TREAS PLUS MMF INST CLASS	CASH & CASH EQUIVALENTS	**	4,206,988
	ARGENX SE	AMERICAN DEPOSITORY RECEIPTS	**	5,911,879
	ALNYLAM PHARMACEUTICALS INC	COMMON STOCK	**	3,158,136
	ALPHABET INC - CL A	COMMON STOCK	**	17,699,524
	AMAZON.COM INC	COMMON STOCK	**	18,983,560
	APPLE INC	COMMON STOCK	**	17,664,375
	ARISTA NETWORKS INC	COMMON STOCK	**	6,898,074
	ASTRAZENECA PLC	COMMON STOCK	**	4,857,489
	BOOKING HOLDINGS INC	COMMON STOCK	**	5,264,289
	BOSTON SCIENTIFIC CORP	COMMON STOCK	**	5,533,256
	BROADCOM INC	COMMON STOCK	**	15,906,064
	CADENCE DESIGN SYSTEMS INC	COMMON STOCK	**	4,814,357
	DOORDASH INC	COMMON STOCK	**	6,162,521
	EMCOR GROUP INC	COMMON STOCK	**	6,692,371
	GENERAL ELECTRIC CO	COMMON STOCK	**	8,027,262
	HOWMET AEROSPACE INC	COMMON STOCK	**	6,055,881
	INTUITIVE SURGICAL INC	COMMON STOCK	**	2,842,561
	JOHNSON CONTROLS INTERNATIONAL	COMMON STOCK	**	6,693,786
	KKR & CO INC - CL A	COMMON STOCK	**	4,262,804
	MCKESSON CORPORATION	COMMON STOCK	**	7,374,407
	MERCADOLIBRE INC	COMMON STOCK	**	4,940,980
	META PLATFORMS INC	COMMON STOCK	**	11,706,696
	MICROSOFT CORP	COMMON STOCK	**	27,310,505
	MOTOROLA SOLUTIONS INC	COMMON STOCK	**	3,720,887
	NETFLIX INC	COMMON STOCK	**	6,667,274
	NVIDIA CORP	COMMON STOCK	**	27,185,545
	ORACLE CORP	COMMON STOCK	**	6,453,080
	PROGRESSIVE CORP	COMMON STOCK	**	4,545,747
	PULTEGROUP INC	COMMON STOCK	**	117
	QUANTA SERVICES INC	COMMON STOCK	**	6,495,503
	REDDIT INC	COMMON STOCK	**	2,235,945
	SERVICENOW INC	COMMON STOCK	**	4,034,259
	SNOWFLAKE INC	COMMON STOCK	**	4,017,578
	S&P GLOBAL INC	COMMON STOCK	**	5,219,629
	SPOTIFY TECHNOLOGY SA	COMMON STOCK	**	4,710,139
	VISA INC - CL A	COMMON STOCK	**	11,283,393
	THE STANDARD STABLE ASSET FUND X	GENERAL ACCOUNTS VEHICLE	**	247,478
	JPMCB SMARTRETIREMENT DRE 2025 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	66,343,510
	JPMCB SMARTRETIREMENT DRE 2030 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	151,551,921
	JPMCB SMARTRETIREMENT DRE 2035 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	209,080,887
	JPMCB SMARTRETIREMENT DRE 2040 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	241,843,521
	JPMCB SMARTRETIREMENT DRE 2045 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	312,520,217
	JPMCB SMARTRETIREMENT DRE 2050 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	188,337,543
	JPMCB SMARTRETIREMENT DRE 2055 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	159,004,598
	JPMCB SMARTRETIREMENT DRE 2060 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	89,529,412
	JPMCB SMARTRETIREMENT DRE INC FUND-CF-B	COMMON/COLLECTIVE TRUST	**	51,782,243
	WELLINGTON SMID CAP RESEARCH EQUITY	COMMON/COLLECTIVE TRUST	**	211,588,898
	NT S&P 500 IDX FUND DC NL T5	COMMON/COLLECTIVE TRUST	**	1,014,789,401
	NT AGG BOND INDEX FUND NL T4	COMMON/COLLECTIVE TRUST	**	157,617,466
	CAPITAL GROUP EUROPACIFIC GROWTH SA	POOLED SEPARATE ACCOUNT	**	336,350,348
	DODGE & COX STOCK FUND CLASS X	REGISTERED INVESTMENT COMPANY	**	528,995,150
	JHANCOCK INCOME R6	REGISTERED INVESTMENT COMPANY	**	42,277,255
	PIMCO HIGH YIELD INSTL	REGISTERED INVESTMENT COMPANY	**	57,327,610
*	EMPOWER BROKERAGE	SELF-DIRECTED BROKERAGE	**	77,926,571
*	PUBLICLY TRADED PARTNERSHIPS	SELF-DIRECTED BROKERAGE	**	28,889
*	OMNICOM GROUP INC	COMPANY STOCK	**	5,835,076
	STABLE VALUE FUND:			
	JPMAM INTERMEDIATE BOND FUND	COMMON/COLLECTIVE TRUST	**	119,591,297
	JPMAM INTERMEDIATE INCOME BOND FUND	COMMON/COLLECTIVE TRUST	**	38,813,352
	JPMCB LIQUIDITY FUND	COMMON/COLLECTIVE TRUST	**	4,714,603
	JPMAM /TRANSAMERICA***	GUARANTEED INVESTMENT CONTRACT WRAPPERS	**	-
	JPMAM / PACIFIC LIFE***	GUARANTEED INVESTMENT CONTRACT WRAPPERS	**	-
	JPMAM / PRUDENTIAL***	GUARANTEED INVESTMENT CONTRACT WRAPPERS	**	-
	TOTAL STABLE VALUE FUND			163,119,252
*	NOTES RECEIVABLE FROM PARTICIPANTS	LOANS, UP TO 10 YEARS MATURITY (2026 - 2035) WITH INTEREST RATES 4.25% TO 9.50%	**	19,600,591
				$ 4,375,234,698

* A party-in-interest as defined by ERISA

** The information in this supplemental schedule has been certified as to its completeness and accuracy by Empower Trust Company, LLC, the trustee of the Plan, except for the GIC wrappers discussed in note *** below. Empower Trust Company, LLC certifies the Stable Value Fund contract value of $163,817,164. All investments are participant-directed. As allowed by the Department of Labor ("DOL"), cost information is not required to be presented for participant-directed investments.

*** The GIC wrappers are not included in the certified trustee statements.

The Interpublic Group of Companies, Inc. Savings Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value**
	JP MORGAN TRUST II US TREAS PLUS MMF INST CLASS	CASH & CASH EQUIVALENTS	**	4,206,988
	ARGENX SE	AMERICAN DEPOSITORY RECEIPTS	**	5,911,879
	ALNYLAM PHARMACEUTICALS INC	COMMON STOCK	**	3,158,136
	ALPHABET INC - CL A	COMMON STOCK	**	17,699,524
	AMAZON.COM INC	COMMON STOCK	**	18,983,560
	APPLE INC	COMMON STOCK	**	17,664,375
	ARISTA NETWORKS INC	COMMON STOCK	**	6,898,074
	ASTRAZENECA PLC	COMMON STOCK	**	4,857,489
	BOOKING HOLDINGS INC	COMMON STOCK	**	5,264,289
	BOSTON SCIENTIFIC CORP	COMMON STOCK	**	5,533,256
	BROADCOM INC	COMMON STOCK	**	15,906,064
	CADENCE DESIGN SYSTEMS INC	COMMON STOCK	**	4,814,357
	DOORDASH INC	COMMON STOCK	**	6,162,521
	EMCOR GROUP INC	COMMON STOCK	**	6,692,371
	GENERAL ELECTRIC CO	COMMON STOCK	**	8,027,262
	HOWMET AEROSPACE INC	COMMON STOCK	**	6,055,881
	INTUITIVE SURGICAL INC	COMMON STOCK	**	2,842,561
	JOHNSON CONTROLS INTERNATIONAL	COMMON STOCK	**	6,693,786
	KKR & CO INC - CL A	COMMON STOCK	**	4,262,804
	MCKESSON CORPORATION	COMMON STOCK	**	7,374,407
	MERCADOLIBRE INC	COMMON STOCK	**	4,940,980
	META PLATFORMS INC	COMMON STOCK	**	11,706,696
	MICROSOFT CORP	COMMON STOCK	**	27,310,505
	MOTOROLA SOLUTIONS INC	COMMON STOCK	**	3,720,887
	NETFLIX INC	COMMON STOCK	**	6,667,274
	NVIDIA CORP	COMMON STOCK	**	27,185,545
	ORACLE CORP	COMMON STOCK	**	6,453,080
	PROGRESSIVE CORP	COMMON STOCK	**	4,545,747
	PULTEGROUP INC	COMMON STOCK	**	117
	QUANTA SERVICES INC	COMMON STOCK	**	6,495,503
	REDDIT INC	COMMON STOCK	**	2,235,945
	SERVICENOW INC	COMMON STOCK	**	4,034,259
	SNOWFLAKE INC	COMMON STOCK	**	4,017,578
	S&P GLOBAL INC	COMMON STOCK	**	5,219,629
	SPOTIFY TECHNOLOGY SA	COMMON STOCK	**	4,710,139
	VISA INC - CL A	COMMON STOCK	**	11,283,393
	THE STANDARD STABLE ASSET FUND X	GENERAL ACCOUNTS VEHICLE	**	247,478
	JPMCB SMARTRETIREMENT DRE 2025 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	66,343,510
	JPMCB SMARTRETIREMENT DRE 2030 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	151,551,921
	JPMCB SMARTRETIREMENT DRE 2035 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	209,080,887
	JPMCB SMARTRETIREMENT DRE 2040 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	241,843,521
	JPMCB SMARTRETIREMENT DRE 2045 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	312,520,217
	JPMCB SMARTRETIREMENT DRE 2050 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	188,337,543
	JPMCB SMARTRETIREMENT DRE 2055 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	159,004,598
	JPMCB SMARTRETIREMENT DRE 2060 FUND-CF-B	COMMON/COLLECTIVE TRUST	**	89,529,412
	JPMCB SMARTRETIREMENT DRE INC FUND-CF-B	COMMON/COLLECTIVE TRUST	**	51,782,243
	WELLINGTON SMID CAP RESEARCH EQUITY	COMMON/COLLECTIVE TRUST	**	211,588,898
	NT S&P 500 IDX FUND DC NL T5	COMMON/COLLECTIVE TRUST	**	1,014,789,401
	NT AGG BOND INDEX FUND NL T4	COMMON/COLLECTIVE TRUST	**	157,617,466
	CAPITAL GROUP EUROPACIFIC GROWTH SA	POOLED SEPARATE ACCOUNT	**	336,350,348
	DODGE & COX STOCK FUND CLASS X	REGISTERED INVESTMENT COMPANY	**	528,995,150
	JHANCOCK INCOME R6	REGISTERED INVESTMENT COMPANY	**	42,277,255
	PIMCO HIGH YIELD INSTL	REGISTERED INVESTMENT COMPANY	**	57,327,610
*	EMPOWER BROKERAGE	SELF-DIRECTED BROKERAGE	**	77,926,571
*	PUBLICLY TRADED PARTNERSHIPS	SELF-DIRECTED BROKERAGE	**	28,889
*	OMNICOM GROUP INC	COMPANY STOCK	**	5,835,076
	STABLE VALUE FUND:			
	JPMAM INTERMEDIATE BOND FUND	COMMON/COLLECTIVE TRUST	**	119,591,297
	JPMAM INTERMEDIATE INCOME BOND FUND	COMMON/COLLECTIVE TRUST	**	38,813,352
	JPMCB LIQUIDITY FUND	COMMON/COLLECTIVE TRUST	**	4,714,603
	JPMAM /TRANSAMERICA***	GUARANTEED INVESTMENT CONTRACT WRAPPERS	**	-
	JPMAM / PACIFIC LIFE***	GUARANTEED INVESTMENT CONTRACT WRAPPERS	**	-
	JPMAM / PRUDENTIAL***	GUARANTEED INVESTMENT CONTRACT WRAPPERS	**	-
	TOTAL STABLE VALUE FUND			163,119,252
*	NOTES RECEIVABLE FROM PARTICIPANTS	LOANS, UP TO 10 YEARS MATURITY (2026 - 2035) WITH INTEREST RATES 4.25% TO 9.50%	**	19,600,591
				$ 4,375,234,698

* A party-in-interest as defined by ERISA

** The information in this supplemental schedule has been certified as to its completeness and accuracy by Empower Trust Company, LLC, the trustee of the Plan, except for the GIC wrappers discussed in note *** below. Empower Trust Company, LLC certifies the Stable Value Fund contract value of $163,817,164. All investments are participant-directed. As allowed by the Department of Labor ("DOL"), cost information is not required to be presented for participant-directed investments.

*** The GIC wrappers are not included in the certified trustee statements.