

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="margin-top: 5px;"> ☐ special extension (enter description) </div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>MIMECAST NORTH AMERICA, INC. 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/2009</u>		
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MIMECAST NORTH AMERICA, INC.</u> <u>191 SPRING STREET</u> <u>LEXINGTON, MA 02421</u>	2b	Employer Identification Number (EIN) <u>26-0851633</u>
2c	Plan Sponsor's telephone number <u>800-660-1194</u>	2d	Business code (see instructions) <u>541519</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>08/16/2021</u>	<u>ISAAC AARON</u>
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 756
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 702 6a(2) 743 6b 0 6c 161 6d 904 6e 1 6f 905 6g 858 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan MIMECAST NORTH AMERICA, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MIMECAST NORTH AMERICA, INC.	D Employer Identification Number (EIN) 26-0851633	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	84953	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COASTAL CAPITAL GROUP

47-3835496

(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	ADVISOR	52444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VT INTL SM CAP I - FIS INVESTOR SE 4249 EASTON WAY SUITE 400 COLUMBUS, OH 43219	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<p>A Name of plan <u>MIMECAST NORTH AMERICA, INC. 401(K) PLAN</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>001</u></p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MIMECAST NORTH AMERICA, INC.</u></p>	<p>D Employer Identification Number (EIN) <u>26-0851633</u></p>	

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)	

<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FA STABLE VALUE II</u></p>		
<p>b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u></p>		
<p>c EIN-PN <u>04-3022712-026</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIP CL 1</u></p>		
<p>b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u></p>		
<p>c EIN-PN <u>04-3022712-024</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>257735</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>MIMECAST NORTH AMERICA, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MIMECAST NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>26-0851633</u>	

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)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	290	333
(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)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(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)	308612	299491
(9) Value of interest in common/collective trusts	1c(9)	156443	257735
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24744714	36177118
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	25210059	36734677

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	25210059	36734677
--	-----------	----------	----------

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 Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1837377	
(B) Participants	2a(1)(B)	6752963	
(C) Others (including rollovers).....	2a(1)(C)	1286119	
(2) Noncash contributions.....	2a(2)	0	9876459
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1	
(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)	16177	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16178
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1159226	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1159226
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		10475
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4777322
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		15839660

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4161973	
(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)		4161973
f Corrective distributions (see instructions)	2f		13117
g Certain deemed distributions of participant loans (see instructions).....	2g		2555
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other.....	2i(4)	137397	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		137397
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4315042

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11524618
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GRAY,GRAY, & GRAY,LLP

(2) EIN: 04-2088368

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan MIMECAST NORTH AMERICA, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MIMECAST NORTH AMERICA, INC.	D Employer Identification Number (EIN) 26-0851633

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
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): 04-6568107	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

Financial Statements and Supplemental Schedule
With Independent Auditor's Report

December 31, 2020

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NOTIFICATION TO THIRD PARTY USERS OF THIS REPORT

This report was prepared subject to the terms and conditions set forth in an engagement letter. By relying upon this report, all users shall be deemed to agree to the terms and conditions of that engagement letter. Users intending to rely upon this report should contact the issuer to obtain a copy of its applicable terms and conditions. This report is intended for the exclusive use of the clients of the issuer and others to whom the issuer has expressly granted consent.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

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SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR).....	15
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Note: Other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Mimecast North America, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Mimecast North America, Inc. 401(k) Plan**, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

To the Trustees
Mimecast North America, Inc. 401(k) Plan
Page 2

Other Matter

The supplemental schedule of assets (held at year end) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

GRAY, GRAY & GRAY, LLP

Gray, Gray & Gray, LLP

Canton, MA
July 27, 2021

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 36,177,451	\$ 24,745,005
Common collective trusts	<u>249,013</u>	<u>154,305</u>
TOTAL INVESTMENTS	<u>36,426,464</u>	<u>24,899,310</u>
Receivables:		
Notes receivable from participants	299,491	308,612
Participant contributions	211,010	195,993
Employer contributions	<u>193,533</u>	<u>227,186</u>
TOTAL RECEIVABLES	<u>704,034</u>	<u>731,791</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 37,130,498</u></u>	<u><u>\$ 25,631,101</u></u>

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

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2020

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 4,778,013
Interest and dividend income	<u>1,162,426</u>

TOTAL INVESTMENT INCOME	<u>5,940,439</u>
--------------------------------	-------------------------

Interest earned on notes receivable from participants	<u>16,207</u>
---	---------------

Contributions:

Participants' contributions	6,767,980
Employer's contributions	1,803,724
Participants' rollover contributions	<u>1,286,119</u>

TOTAL CONTRIBUTIONS	<u>9,857,823</u>
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TOTAL ADDITIONS	<u>15,814,469</u>
------------------------	--------------------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefit payments to participants	4,177,675
Administrative expenses	<u>137,397</u>

TOTAL DEDUCTIONS	<u>4,315,072</u>
-------------------------	-------------------------

NET INCREASE	<u>11,499,397</u>
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>25,631,101</u>
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End of year	<u><u>\$ 37,130,498</u></u>
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The accompanying notes are an integral part of these financial statements.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of Mimecast North America, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined-contribution plan established on January 1, 2009 to provide retirement and other related benefits to all employees of Mimecast North America, Inc. (the "Company"). All employees of the Company, except excluded employees, are eligible for participation in the Plan immediately upon attainment of age 21. An employee is an excluded employee if they are covered under a collective bargaining agreement or if they are a non-resident alien. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions and Allocations: Each year, participants may contribute an amount up to 100% of their pretax annual compensation, as defined in the Plan. Participants may designate a portion, or all, of their deferred contributions as Roth contributions, which are includable in the participant's gross income. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions as prescribed by Treasury regulations. Participants, with the consent of the Plan Administrator, may deposit amounts received from any other retirement plan which satisfy the tax rules for rollovers. Unless instructed otherwise by the participant, upon becoming eligible to participate in the Plan, 3% of the participant's eligible compensation will be contributed to the Plan subject to annual limits set by the Internal Revenue Service (IRS).

The Company may, at its discretion, make matching and nonelective profit-sharing contributions to the Plan in any Plan year in an amount determined by the Board of Directors of the Company. Participants are eligible for discretionary nonelective profit-sharing contributions after 1,000 hours of service. Participants must be employed by the Company on December 31 to be eligible to receive Company discretionary nonelective profit-sharing contributions. During the year ended December 31, 2020, the Company made matching contributions equal to 100% of participant contributions up to 2% of their eligible compensation. During the year ended December 31, 2020, the Company made no discretionary nonelective profit-sharing contributions to the Plan.

The Company may also make qualified non-elective contributions ("QNEC"). A QNEC is a discretionary, fully vested contribution. For the year ended December 31, 2020, the Company was required to make qualified non-elective contributions totaling \$17,179, which is included in employer's contributions on the statement of changes in net assets available for benefits.

Participant Accounts: Each participant's account is credited with the participant's contributions and Plan earnings or losses and charged with an allocation of administrative expenses, if any. Allocations of participant earnings (losses) are based on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Investment Options: Participants direct the investment of contributions into various investment options offered by the Plan. Participants may change their investment options as determined by the rules applicable to each investment.

Vesting: Participants are immediately vested in their voluntary contributions, employer matching contributions and any actual earnings thereon. Discretionary non-elective profit sharing contributions are subject to a vesting schedule based on the number of years of continuous service as follows:

<u>Years of service</u>	<u>Percentage</u>
1 year	25%
2 years	50%
3 years	75%
4 years	100%

Notes Receivable from Participants: Participants may borrow from their account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Notes receivable terms cannot exceed five years unless for the purchase of a primary residence. Loans are secured by the balances in the participants' accounts and are supported by a promissory note. Loans bear interest at fixed rates equal to the prime interest rate plus 1% (4.25% - 6.50% during 2020). Principal and interest are paid ratably through payroll deductions. If participants terminate or retire, they will have the choice of repaying the loan or having the loan offset from their account. The offset loan amount will be considered a taxable distribution.

During 2020, the maximum loan limit was increased to \$100,000 for loans issued between March 27, 2020 and September 22, 2020, as provided for in the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). Additionally, payments on loans were permitted to be suspended through December 31, 2020 without causing the loans to become delinquent and go into default.

Payment of Benefits: On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump sum distribution if the account has a value of less than or equal to \$1,000. Terminated participants' vested account balances of greater than \$1,000 and up to \$5,000 may be automatically distributed to an individual retirement account ("IRA"). Participants whose account balances exceed \$5,000 may elect to receive a lump sum distribution or may leave their vested balance in the Plan. A participant may also request a withdrawal upon attainment of age 59 1/2, or upon demonstration by the participant to the Plan Administrator that the participant is suffering from a hardship, as defined in the Plan document. Participants may also withdraw any portion of their account attributed to rollover contributions at any time.

During 2020, in accordance with the CARES Act, the Plan permitted penalty-free coronavirus-related distributions ("CRDs") in an amount up to \$100,000 of a participant's vested balance for qualifying reasons through December 31, 2020. Participants have the option to repay CRDs over a three-year period. In addition, participants were provided the option to waive 2020 required minimum distributions ("RMDs"), or in certain cases 2020 RMDs were automatically waived.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Forfeitures: Forfeited amounts related to Plan Sponsor's contributions are used to reduce future Plan Sponsor contributions and to pay Plan expenses. Forfeited amounts not used to reduce future Plan Sponsor contributions and to pay Plan expenses are reallocated to participant accounts as additional Plan Sponsor contributions. During the year ended December 31, 2020, the Plan Sponsor utilized \$46,167 of forfeitures to reduce its discretionary matching contributions or to pay Plan expenses. As of December 31, 2020 and 2019, the Plan had forfeitures available to offset future Plan Sponsor contributions and to pay Plan expenses in the amount of \$63 and \$44,220, respectively.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees and other parties involved with the Plan. See Note 6 for discussion of fair value measurements.

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

Administrative Expenses: Certain expenses of maintaining the Plan are paid by participants based on a percentage set forth in the service agreement, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties: The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency stemming from a new strain of coronavirus ("COVID-19") and on March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. However, because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 pandemic continues to evolve as of the date the financial statements were available to be issued.

Payment of Benefits: Benefit payments to participants are recorded when paid.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

Uncertain Tax Positions: GAAP requires 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. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2017.

NOTE 3: PLAN TERMINATION

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

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4: TAX STATUS

On March 31, 2014, the IRS stated that the prototype adopted by the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has not received a determination letter specific to the Plan itself and the Plan has been amended since the latest determination letter; however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 5: CERTIFICATION OF TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company ("FMTC") certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate.

	<u>December 31,</u>	
	2020	2019
Mutual funds	\$ 36,177,451	\$ 24,745,005
Common/collective trusts	\$ 249,013	\$ 154,305
Notes receivable from participants	\$ 299,491	\$ 308,612

	<u>Year Ended</u>
	<u>December 31,</u>
	2020
Net appreciation in fair value of investments	\$ 4,778,013
Interest and dividends	\$ 1,162,426
Interest income on notes receivable from participants	\$ 16,207

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 6: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure 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 three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access at the measurement date.

Level 2 - inputs other than quoted market prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - inputs that are unobservable for the asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There has been no change in the methodologies used at December 31, 2020 and 2019.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts: Valued at the NAV of units of a collective trust. The NAV, as provided by the fund manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6: FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	2020			Total
	Level 1	Level 2	Level 3	
Investments measured at fair value:				
Mutual funds	<u>\$ 36,177,451</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 36,177,451</u>
Total investments at fair value	<u>\$ 36,177,451</u>	<u>\$ -</u>	<u>\$ -</u>	36,177,451
Investments measured at net asset value (a)				
Common/collective trusts				<u>249,013</u>
Total investments at fair value				<u>\$ 36,426,464</u>

	2019			Total
	Level 1	Level 2	Level 3	
Investments measured at fair value:				
Mutual funds	<u>\$ 24,745,005</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 24,745,005</u>
Total investments at fair value	<u>\$ 24,745,005</u>	<u>\$ -</u>	<u>\$ -</u>	24,745,005
Investments measured at net asset value (a)				
Common/collective trusts				<u>154,305</u>
Total investments at fair value				<u>\$ 24,899,310</u>

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

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6: FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments in Entities that Use NAV: The following table summarizes the common/collective trust measured at fair value based on NAV per share as of December 31:

<u>Investment</u>	2020				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Common/Collective Trust Funds	\$ 249,013	None	Daily	None	None*

<u>Investment</u>	2019				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Common/Collective Trust Funds	\$ 154,305	None	Daily	None	None*

*No notice for participant level transactions; up to 12 months for plan level transactions

NOTE 7: RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are held primarily in mutual funds advised by Fidelity Management & Research Company ("FMR"), an affiliate of FMTC, the trustee as defined by the Plan. Fidelity Investments Institutional Operations Company, who acted as the Plan's recordkeeper, is also an affiliate of FMR and FMTC. Coastal Capital Group is the retirement plan consultant for the Plan. Transactions with these entities qualify as party-in-interest transactions. Fees paid by the Plan for services in connection with the Plan are reported as administrative expenses in the statement of changes in net assets available for benefits. The Plan extended loans to participants, who are considered parties-in-interest. These party-in-interest transactions are exempt from prohibitive transaction rules.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8: RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	2020	2019
Net assets available for benefits per the financial statements	\$ 37,130,498	\$ 25,631,101
Less - Participant contributions receivable	(211,010)	(195,993)
Less - Employer contributions receivable	(193,533)	(227,186)
Add - Adjustment from NAV to Form 5500 Value for Stable Value Fund	<u>8,722</u>	<u>2,137</u>
Net assets per Form 5500	<u>\$ 36,734,677</u>	<u>\$ 25,210,059</u>

The following is a reconciliation of the net increase per the financial statements to net income reported in the Form 5500 for the year ended December 31, 2020:

Net increase per the financial statements	\$ 11,499,397
Less - Change in participant contributions receivable	(15,017)
Add - Change in employer contributions receivable	33,653
Add - Change in adjustment from NAV to Form 5500 Value	<u>6,585</u>
Net income per Form 5500	<u>\$ 11,524,618</u>

NOTE 9: SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2020, the date of the most recent statement of financial position, have been evaluated for possible adjustment to the financial statements or disclosure is July 27, 2021, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2020
PLAN NUMBER: 001 EIN: 26-0851633

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
		<u>Description of investment</u> <u>including maturity date.</u>		
	<u>Identity of issue, borrower,</u> <u>lessor or similar party</u>	<u>rate of interest, collateral, par or</u> <u>maturity value</u>	<u>Cost</u>	<u>Current value</u>
	American Funds 2055 Target Date	Mutual fund	**	\$ 7,276,355
	American Funds 2050 Target Date	Mutual fund	**	\$ 6,600,720
	American Funds 2040 Target Date	Mutual fund	**	\$ 3,993,291
	American Funds 2045 Target Date	Mutual fund	**	\$ 3,148,916
*	Fidelity 500 Index Fund	Mutual fund	**	\$ 2,635,912
	American Funds 2030 Target Date	Mutual fund	**	\$ 2,353,575
	American Funds 2035 Target Date	Mutual fund	**	\$ 2,297,298
	American Funds 2060 Target Date	Mutual fund	**	\$ 1,344,708
	Vanguard U.S. Growth Fund Admiral	Mutual fund	**	\$ 1,247,956
	American Funds 2020 Target Date	Mutual fund	**	\$ 924,299
*	Fidelity Mid Cap Index Fund	Mutual fund	**	\$ 641,737
	Carillon Eagle Mid Cap Growth R6	Mutual fund	**	\$ 531,661
*	Fidelity International Index Fund	Mutual fund	**	\$ 417,505
*	Fidelity Select Health Care Portfolio	Mutual fund	**	\$ 416,093
*	Fidelity Small Cap Index Fund	Mutual fund	**	\$ 385,585
	American Funds EuroPacific Growth	Mutual fund	**	\$ 290,482
	American Funds 2025 Target Date	Mutual fund	**	\$ 288,117
	Janus Henderson Triton N	Mutual fund	**	\$ 270,637
*	Fidelity Managed Income Portfolio	Common collective trust	**	\$ 257,735
*	Fidelity U.S. Bond Index Fund	Mutual fund	**	\$ 237,641
	PIMCO Income Fund Institutional Class	Mutual fund	**	\$ 178,195
	DFA U.S. Large Cap Value Portfolio	Mutual fund	**	\$ 134,054
	DFA Emerging Markets Core Equity	Mutual fund	**	\$ 126,311
	DFA US Targeted Value	Mutual fund	**	\$ 80,614
	Cohen & Steers Real Estate Securities	Mutual fund	**	\$ 72,640
	American Century Mid Cap Value R6	Mutual fund	**	\$ 69,873
	Western Asset Core Bond Fund Class I	Mutual fund	**	\$ 68,506
	Vanguard Short-Term Investment Grade	Mutual fund	**	\$ 66,247
	BlackRock High Yield Bond K	Mutual fund	**	\$ 49,166
	DFA Inflation-Protected Securities Port	Mutual fund	**	\$ 16,284
	Victory Trivalent International Small-Cap	Mutual fund	**	\$ 5,412

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2020
PLAN NUMBER: 001 EIN: 26-0851633

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

(a)	(b)	(c)	(d)	(e)
		<u>Description of investment</u> <u>including maturity date,</u> <u>rate of interest, collateral, par or</u> <u>maturity value</u>	<u>Cost</u>	<u>Current value</u>
	<u>Identity of issue, borrower,</u> <u>lessor or similar party</u>			
	American Funds 2015 Target Date	Mutual fund	**	\$ 5,238
	American Funds 2010 Target Date	Mutual fund	**	\$ 1,447
	Templeton Instl Intl Eq Ser Primary	Mutual fund	**	\$ 643
*	Fidelity Government Money Market	Mutual fund	**	\$ 333
*	Participant note receivable	Interest ranging from 4.25% to 6.5%, maturing through 2029	\$ -	\$ 299,491

* Party-in-interest

** Cost omitted for participant-directed investments

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

Financial Statements and Supplemental Schedule
With Independent Auditor's Report

December 31, 2020

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NOTIFICATION TO THIRD PARTY USERS OF THIS REPORT

This report was prepared subject to the terms and conditions set forth in an engagement letter. By relying upon this report, all users shall be deemed to agree to the terms and conditions of that engagement letter. Users intending to rely upon this report should contact the issuer to obtain a copy of its applicable terms and conditions. This report is intended for the exclusive use of the clients of the issuer and others to whom the issuer has expressly granted consent.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Mimecast North America, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Mimecast North America, Inc. 401(k) Plan**, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

To the Trustees
Mimecast North America, Inc. 401(k) Plan
Page 2

Other Matter

The supplemental schedule of assets (held at year end) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

GRAY, GRAY & GRAY, LLP

Gray, Gray & Gray, LLP

Canton, MA
July 27, 2021

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 36,177,451	\$ 24,745,005
Common collective trusts	<u>249,013</u>	<u>154,305</u>
TOTAL INVESTMENTS	<u>36,426,464</u>	<u>24,899,310</u>
Receivables:		
Notes receivable from participants	299,491	308,612
Participant contributions	211,010	195,993
Employer contributions	<u>193,533</u>	<u>227,186</u>
TOTAL RECEIVABLES	<u>704,034</u>	<u>731,791</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 37,130,498</u></u>	<u><u>\$ 25,631,101</u></u>

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

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2020

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 4,778,013
Interest and dividend income	<u>1,162,426</u>

TOTAL INVESTMENT INCOME	<u>5,940,439</u>
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Interest earned on notes receivable from participants	<u>16,207</u>
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Contributions:

Participants' contributions	6,767,980
Employer's contributions	1,803,724
Participants' rollover contributions	<u>1,286,119</u>

TOTAL CONTRIBUTIONS	<u>9,857,823</u>
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TOTAL ADDITIONS	<u>15,814,469</u>
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DEDUCTIONS

Deductions from net assets attributed to:

Benefit payments to participants	4,177,675
Administrative expenses	<u>137,397</u>

TOTAL DEDUCTIONS	<u>4,315,072</u>
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NET INCREASE	<u>11,499,397</u>
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>25,631,101</u>
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End of year	<u><u>\$ 37,130,498</u></u>
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The accompanying notes are an integral part of these financial statements.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of Mimecast North America, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined-contribution plan established on January 1, 2009 to provide retirement and other related benefits to all employees of Mimecast North America, Inc. (the "Company"). All employees of the Company, except excluded employees, are eligible for participation in the Plan immediately upon attainment of age 21. An employee is an excluded employee if they are covered under a collective bargaining agreement or if they are a non-resident alien. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions and Allocations: Each year, participants may contribute an amount up to 100% of their pretax annual compensation, as defined in the Plan. Participants may designate a portion, or all, of their deferred contributions as Roth contributions, which are includable in the participant's gross income. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions as prescribed by Treasury regulations. Participants, with the consent of the Plan Administrator, may deposit amounts received from any other retirement plan which satisfy the tax rules for rollovers. Unless instructed otherwise by the participant, upon becoming eligible to participate in the Plan, 3% of the participant's eligible compensation will be contributed to the Plan subject to annual limits set by the Internal Revenue Service (IRS).

The Company may, at its discretion, make matching and nonelective profit-sharing contributions to the Plan in any Plan year in an amount determined by the Board of Directors of the Company. Participants are eligible for discretionary nonelective profit-sharing contributions after 1,000 hours of service. Participants must be employed by the Company on December 31 to be eligible to receive Company discretionary nonelective profit-sharing contributions. During the year ended December 31, 2020, the Company made matching contributions equal to 100% of participant contributions up to 2% of their eligible compensation. During the year ended December 31, 2020, the Company made no discretionary nonelective profit-sharing contributions to the Plan.

The Company may also make qualified non-elective contributions ("QNEC"). A QNEC is a discretionary, fully vested contribution. For the year ended December 31, 2020, the Company was required to make qualified non-elective contributions totaling \$17,179, which is included in employer's contributions on the statement of changes in net assets available for benefits.

Participant Accounts: Each participant's account is credited with the participant's contributions and Plan earnings or losses and charged with an allocation of administrative expenses, if any. Allocations of participant earnings (losses) are based on account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Investment Options: Participants direct the investment of contributions into various investment options offered by the Plan. Participants may change their investment options as determined by the rules applicable to each investment.

Vesting: Participants are immediately vested in their voluntary contributions, employer matching contributions and any actual earnings thereon. Discretionary non-elective profit sharing contributions are subject to a vesting schedule based on the number of years of continuous service as follows:

<u>Years of service</u>	<u>Percentage</u>
1 year	25%
2 years	50%
3 years	75%
4 years	100%

Notes Receivable from Participants: Participants may borrow from their account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Notes receivable terms cannot exceed five years unless for the purchase of a primary residence. Loans are secured by the balances in the participants' accounts and are supported by a promissory note. Loans bear interest at fixed rates equal to the prime interest rate plus 1% (4.25% - 6.50% during 2020). Principal and interest are paid ratably through payroll deductions. If participants terminate or retire, they will have the choice of repaying the loan or having the loan offset from their account. The offset loan amount will be considered a taxable distribution.

During 2020, the maximum loan limit was increased to \$100,000 for loans issued between March 27, 2020 and September 22, 2020, as provided for in the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). Additionally, payments on loans were permitted to be suspended through December 31, 2020 without causing the loans to become delinquent and go into default.

Payment of Benefits: On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump sum distribution if the account has a value of less than or equal to \$1,000. Terminated participants' vested account balances of greater than \$1,000 and up to \$5,000 may be automatically distributed to an individual retirement account ("IRA"). Participants whose account balances exceed \$5,000 may elect to receive a lump sum distribution or may leave their vested balance in the Plan. A participant may also request a withdrawal upon attainment of age 59 1/2, or upon demonstration by the participant to the Plan Administrator that the participant is suffering from a hardship, as defined in the Plan document. Participants may also withdraw any portion of their account attributed to rollover contributions at any time.

During 2020, in accordance with the CARES Act, the Plan permitted penalty-free coronavirus-related distributions ("CRDs") in an amount up to \$100,000 of a participant's vested balance for qualifying reasons through December 31, 2020. Participants have the option to repay CRDs over a three-year period. In addition, participants were provided the option to waive 2020 required minimum distributions ("RMDs"), or in certain cases 2020 RMDs were automatically waived.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Forfeitures: Forfeited amounts related to Plan Sponsor's contributions are used to reduce future Plan Sponsor contributions and to pay Plan expenses. Forfeited amounts not used to reduce future Plan Sponsor contributions and to pay Plan expenses are reallocated to participant accounts as additional Plan Sponsor contributions. During the year ended December 31, 2020, the Plan Sponsor utilized \$46,167 of forfeitures to reduce its discretionary matching contributions or to pay Plan expenses. As of December 31, 2020 and 2019, the Plan had forfeitures available to offset future Plan Sponsor contributions and to pay Plan expenses in the amount of \$63 and \$44,220, respectively.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees and other parties involved with the Plan. See Note 6 for discussion of fair value measurements.

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

Administrative Expenses: Certain expenses of maintaining the Plan are paid by participants based on a percentage set forth in the service agreement, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties: The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency stemming from a new strain of coronavirus ("COVID-19") and on March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. However, because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The full impact of the COVID-19 pandemic continues to evolve as of the date the financial statements were available to be issued.

Payment of Benefits: Benefit payments to participants are recorded when paid.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

Uncertain Tax Positions: GAAP requires 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. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2017.

NOTE 3: PLAN TERMINATION

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

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4: TAX STATUS

On March 31, 2014, the IRS stated that the prototype adopted by the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has not received a determination letter specific to the Plan itself and the Plan has been amended since the latest determination letter; however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 5: CERTIFICATION OF TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company ("FMTC") certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate.

	<u>December 31,</u>	
	2020	2019
Mutual funds	\$ 36,177,451	\$ 24,745,005
Common/collective trusts	\$ 249,013	\$ 154,305
Notes receivable from participants	\$ 299,491	\$ 308,612

	<u>Year Ended</u>
	<u>December 31,</u>
	<u>2020</u>
Net appreciation in fair value of investments	\$ 4,778,013
Interest and dividends	\$ 1,162,426
Interest income on notes receivable from participants	\$ 16,207

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 6: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure 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 three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access at the measurement date.

Level 2 - inputs other than quoted market prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - inputs that are unobservable for the asset or liability.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There has been no change in the methodologies used at December 31, 2020 and 2019.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts: Valued at the NAV of units of a collective trust. The NAV, as provided by the fund manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6: FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	2020			Total
	Level 1	Level 2	Level 3	
Investments measured at fair value:				
Mutual funds	<u>\$ 36,177,451</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 36,177,451</u>
Total investments at fair value	<u>\$ 36,177,451</u>	<u>\$ -</u>	<u>\$ -</u>	36,177,451
Investments measured at net asset value (a)				
Common/collective trusts				<u>249,013</u>
Total investments at fair value				<u>\$ 36,426,464</u>

	2019			Total
	Level 1	Level 2	Level 3	
Investments measured at fair value:				
Mutual funds	<u>\$ 24,745,005</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 24,745,005</u>
Total investments at fair value	<u>\$ 24,745,005</u>	<u>\$ -</u>	<u>\$ -</u>	24,745,005
Investments measured at net asset value (a)				
Common/collective trusts				<u>154,305</u>
Total investments at fair value				<u>\$ 24,899,310</u>

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

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 6: FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments in Entities that Use NAV: The following table summarizes the common/collective trust measured at fair value based on NAV per share as of December 31:

<u>Investment</u>	2020				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Common/Collective Trust Funds	\$ 249,013	None	Daily	None	None*

<u>Investment</u>	2019				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
Common/Collective Trust Funds	\$ 154,305	None	Daily	None	None*

*No notice for participant level transactions; up to 12 months for plan level transactions

NOTE 7: RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are held primarily in mutual funds advised by Fidelity Management & Research Company ("FMR"), an affiliate of FMTC, the trustee as defined by the Plan. Fidelity Investments Institutional Operations Company, who acted as the Plan's recordkeeper, is also an affiliate of FMR and FMTC. Coastal Capital Group is the retirement plan consultant for the Plan. Transactions with these entities qualify as party-in-interest transactions. Fees paid by the Plan for services in connection with the Plan are reported as administrative expenses in the statement of changes in net assets available for benefits. The Plan extended loans to participants, who are considered parties-in-interest. These party-in-interest transactions are exempt from prohibitive transaction rules.

MIMECAST NORTH AMERICA, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8: RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	2020	2019
Net assets available for benefits per the financial statements	\$ 37,130,498	\$ 25,631,101
Less - Participant contributions receivable	(211,010)	(195,993)
Less - Employer contributions receivable	(193,533)	(227,186)
Add - Adjustment from NAV to Form 5500 Value for Stable Value Fund	<u>8,722</u>	<u>2,137</u>
Net assets per Form 5500	<u>\$ 36,734,677</u>	<u>\$ 25,210,059</u>

The following is a reconciliation of the net increase per the financial statements to net income reported in the Form 5500 for the year ended December 31, 2020:

Net increase per the financial statements	\$ 11,499,397
Less - Change in participant contributions receivable	(15,017)
Add - Change in employer contributions receivable	33,653
Add - Change in adjustment from NAV to Form 5500 Value	<u>6,585</u>
Net income per Form 5500	<u>\$ 11,524,618</u>

NOTE 9: SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2020, the date of the most recent statement of financial position, have been evaluated for possible adjustment to the financial statements or disclosure is July 27, 2021, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2020
PLAN NUMBER: 001 EIN: 26-0851633

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
		<u>Description of investment</u> <u>including maturity date.</u>		
	<u>Identity of issue, borrower,</u> <u>lessor or similar party</u>	<u>rate of interest, collateral, par or</u> <u>maturity value</u>	<u>Cost</u>	<u>Current value</u>
	American Funds 2055 Target Date	Mutual fund	**	\$ 7,276,355
	American Funds 2050 Target Date	Mutual fund	**	\$ 6,600,720
	American Funds 2040 Target Date	Mutual fund	**	\$ 3,993,291
	American Funds 2045 Target Date	Mutual fund	**	\$ 3,148,916
*	Fidelity 500 Index Fund	Mutual fund	**	\$ 2,635,912
	American Funds 2030 Target Date	Mutual fund	**	\$ 2,353,575
	American Funds 2035 Target Date	Mutual fund	**	\$ 2,297,298
	American Funds 2060 Target Date	Mutual fund	**	\$ 1,344,708
	Vanguard U.S. Growth Fund Admiral	Mutual fund	**	\$ 1,247,956
	American Funds 2020 Target Date	Mutual fund	**	\$ 924,299
*	Fidelity Mid Cap Index Fund	Mutual fund	**	\$ 641,737
	Carillon Eagle Mid Cap Growth R6	Mutual fund	**	\$ 531,661
*	Fidelity International Index Fund	Mutual fund	**	\$ 417,505
*	Fidelity Select Health Care Portfolio	Mutual fund	**	\$ 416,093
*	Fidelity Small Cap Index Fund	Mutual fund	**	\$ 385,585
	American Funds EuroPacific Growth	Mutual fund	**	\$ 290,482
	American Funds 2025 Target Date	Mutual fund	**	\$ 288,117
	Janus Henderson Triton N	Mutual fund	**	\$ 270,637
*	Fidelity Managed Income Portfolio	Common collective trust	**	\$ 257,735
*	Fidelity U.S. Bond Index Fund	Mutual fund	**	\$ 237,641
	PIMCO Income Fund Institutional Class	Mutual fund	**	\$ 178,195
	DFA U.S. Large Cap Value Portfolio	Mutual fund	**	\$ 134,054
	DFA Emerging Markets Core Equity	Mutual fund	**	\$ 126,311
	DFA US Targeted Value	Mutual fund	**	\$ 80,614
	Cohen & Steers Real Estate Securities	Mutual fund	**	\$ 72,640
	American Century Mid Cap Value R6	Mutual fund	**	\$ 69,873
	Western Asset Core Bond Fund Class I	Mutual fund	**	\$ 68,506
	Vanguard Short-Term Investment Grade	Mutual fund	**	\$ 66,247
	BlackRock High Yield Bond K	Mutual fund	**	\$ 49,166
	DFA Inflation-Protected Securities Port	Mutual fund	**	\$ 16,284
	Victory Trivalent International Small-Cap	Mutual fund	**	\$ 5,412

MIMECAST NORTH AMERICA, INC. 401(k) PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2020
PLAN NUMBER: 001 EIN: 26-0851633

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

(a)	(b)	(c)	(d)	(e)
		<u>Description of investment</u> <u>including maturity date,</u> <u>rate of interest, collateral, par or</u> <u>maturity value</u>	<u>Cost</u>	<u>Current value</u>
	<u>Identity of issue, borrower,</u> <u>lessor or similar party</u>			
	American Funds 2015 Target Date	Mutual fund	**	\$ 5,238
	American Funds 2010 Target Date	Mutual fund	**	\$ 1,447
	Templeton Instl Intl Eq Ser Primary	Mutual fund	**	\$ 643
*	Fidelity Government Money Market	Mutual fund	**	\$ 333
*	Participant note receivable	Interest ranging from 4.25% to 6.5%, maturing through 2029	\$ -	\$ 299,491

* Party-in-interest

** Cost omitted for participant-directed investments