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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>AKAMAI TECHNOLOGIES, INC. 401(K) PLAN</u>                                                                                                                                                                                                                                                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1999</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1999</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                   | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1999</u>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AKAMAI TECHNOLOGIES, INC.</u><br><br><u>145 BROADWAY</u><br><u>CAMBRIDGE, MA 02142</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>04-3432319</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>617-444-4773</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>541511</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>04-3432319</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>617-444-4773</u> | <b>2d</b> Business code (see instructions)<br><u>541511</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>04-3432319</u>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>617-444-4773</u>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541511</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/14/2022 | AMY CLAFFEY                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4915 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3484 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3408 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1580 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4991 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4992 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4898 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2S 2T 3D                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>AKAMAI TECHNOLOGIES, INC. 401(K) PLAN                                                                                                                                                      | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AKAMAI TECHNOLOGIES, INC.                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br>04-3432319                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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**(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)

THE PFE GROUP

71-1036677

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 66205                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MAYER HOFFMAN MCCANN PC

43-1947695

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | CONSULTANT                                                                                        | 26000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ROCATON INVESTMENT ADVISORS

04-3638035

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16                     | CONSULTANT                                                                                        | 22880                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64<br>65 71      | RECORDKEEPER                                                                                      | -120601                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**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<br>(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. |                                           |
| ABF SM CAP VAL R5 - DST ASSET MANA      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.04%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(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. |                                           |
| BARON GROWTH - DST SYSTEMS INC<br><br>43-1581814                                             | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(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. |                                           |
| BARON GROWTH INST - DST SYSTEMS IN<br><br>43-1581814                                         | 0.15%                                                                                                                                                              |                                           |

**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<br>(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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JPM MIDCAP VALUE L - JPMORGAN DIST<br><br>13-2624428                | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORLEY STABLE VALUE<br><br>1300 SW FIFTH AVENUE<br>SUITE 3300<br>PORTLAND, OR 97201 | 0.25%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JPMORGAN SMALL CAP VALUE CLASS I<br><br>1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 | 0.15%                                                                                                                                                              |

**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<br>(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. |                                           |
| REMS REAL EST VALUE OPPT P<br>8730 STONY POINT PKWY, STE 205<br>RICHMOND, VA 23235    | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(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. |                                           |
| WESTERN ASSET CORE PLUS BOND FD<br>INS<br>620 8TH AVE, 49TH FL.<br>NEW YORK, NY 10018 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(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. |                                           |
| WASATCH SM CAP GRW FD INSTL CL<br>505 WAKARA WAY, STE 300<br>SALT LAKE CITY, UT 84108 | 0.10%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| WASATCH MICRO CAP VALUE FD      505 WAKARA WAY, STE 300<br>SALT LAKE CITY, UT 84108 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(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. |                                           |
| VICTORY TRIVALENT INTL SM CAP I      4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(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. |                                           |
| THORNBURG BETTER WRLD INTL WRLD A      2300 NORTH RIDGETOP RD<br>SANTA FE, NM 87506 | 0.40%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| TIAA CREF REAL EST SEC INSTL<br>730 THIRD AVE<br>NEW YORK, NY 10017           | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(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. |                                           |
| TCW CORE FIXED INC CL N<br>865 S FIGUERA ST, 22ND FL<br>LOS ANGELES, CA 90017 | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(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. |                                           |
| AVE MARIA GRW<br>801 W. ANN ARBOR TRL STE 244<br>PLYMOUTH, MI 48170           | 0.40%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| PGIM HIGH YIELD CL Z 655 BROAD ST<br>NEWARK, NJ 07102                  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(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. |                                           |
| PIMCO REAL EST REAL RETURN STRAT A 1633 BROADWAY<br>NEW YORK, NY 10019 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(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. |                                           |
| PIMCO COMMODITY REALRETURN STRAT C 1633 BROADWAY<br>NEW YORK, NY 10019 | 0.20%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| PAX WORLD GLB ENVIR MARKETS INSTL 1290 BROADWAY, STE 1100<br>DENVER, CO 80203        | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(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. |                                           |
| PARNASSUS MID CAP ONE MARKET ST<br>STEUART TOWER STE 1600<br>SAN FRANCISCO, CA 94105 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes<br>(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. |                                           |
| AM NEW PERSPECTIVE CL F2 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321             | 0.15%                                                                                                                                                              |                                           |

**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<br>(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. |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORGAN STANLEY INSTLINTL OPP CL A      522 FIFTH AVE, 4TH FL<br>NEW YORK, NY 10036 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORGAN STANLEY GLOBAL OPPT A      522 FIFTH AVE, 4TH FL<br>NEW YORK, NY 10036 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MORGAN STANLEY INSIGHT A      522 FIFTH AVE, 4TH FL<br>NEW YORK, NY 10036 | 0.40%                                                                                                                                                              |

**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<br>(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. |                                           |
| MORGAN STA INST INC.INCEPTION PT 522 FIFTH AVE, 4TH FL<br>NEW YORK, NY 10036        | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(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. |                                           |
| MORGAN STANLEY DISCOVERY PORT CL A 522 FIFTH AVE, 4TH FL<br>NEW YORK, NY 10036      | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(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. |                                           |
| METROPOLITAN WEST HIGH YLD BOND CL 865 S FIGUEROA ST. 1400<br>LOS ANGELES, CA 90017 | 0.40%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| METROPOLITAN WEST TOTAL RETURN CL I 865 S FIGUEROA ST. 1400 LOS ANGELES, CA 90017 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(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. |                                           |
| MFS MASS INV GRW STOCK A 111 HUNTINGTON AVE BOSTON, MA 02199-7632                 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(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. |                                           |
| JACKSON SQUARE SMID CAP GRW INSTL 1 LETTERMAN DR SAN FRANCISCO, CA 94129          | 0.12%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| LAZARD GLOBAL LISTED INFRA INS 30 ROCKEFELLER PL, 57TH FL.<br>NEW YORK, NY 10112 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(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. |                                           |
| JPMORGAN EMERGING MKTS EQ CL I 1111 POLARIS PKWY<br>COLUMBUS, OH 43240           | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(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. |                                           |
| JOHN HANCOCK DISCIP VAL MID CAP I 601 CONGRESS ST., 9TH FL.<br>BOSTON, MA 02210  | 0.15%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| JOHN HANCOCK INTL GRW FD CL I<br>601 CONGRESS ST., 9TH FL.<br>BOSTON, MA 02210 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(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. |                                           |
| JPMORGAN HEDGED EQ CL I<br>1111 POLARIS PKWY<br>COLUMBUS, OH 43240             | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(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. |                                           |
| EUROPAC GOLD FD CL A<br>LOTS 81 82, ST C, STE 204<br>DORADO, PR 00646          | 0.08%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| AM INTERMEDIATBOND FD OF AMER F1      3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321   | 0.37%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(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. |                                           |
| HOTCHKIS & WILEY MIDCAP VALUE CL A      725 S FIGUEROA 39TH FL<br>LOS ANGELES, CA 90017 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(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. |                                           |
| HENNESSY JAPAN INSTLCL      7250 REDWOOD BLVD., STE 200<br>NOVATO, CA 94945             | 0.15%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| HARTFORD SCHRODERS INTL STOCK CL I 100 MATSONFORD RD, STE 300<br>RADNOR, PA 19087 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(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. |                                           |
| OAKMARK INTL INV CL 111 S WACKER DR.<br>CHICAGO, IL 60606                         | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(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. |                                           |
| HARBOR CAP APP INV 111 S. WACKER DR, 34TH FL<br>CHICAGO, IL 60606                 | 0.35%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| GUGGENHEIM TTL RET BOND FD INSTL      9601 BLACKWELL RD., STE. 500<br>ROCKVILLE, MD 20850 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(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. |                                           |
| FRANKLIN DYNATECH FD ADV CL SH      100 FOUNTAIN PKWY<br>ST. PETERSBURG, FL 33716         | \$16.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes<br>(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. |                                           |
| FIRST EAGLE GLOBAL CL I      1345 AVE OF THE AMERICAS<br>48TH FLR<br>NEW YORK, NY 10105   | 0.15%                                                                                                                                                              |                                           |

**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<br>(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. |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GRANDEUR PEAK GLBLSTALWARTS INV 1290 BROADWAY ST, STE 1100<br>DENVER, CO 80203 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GRANDEUR PEAK INTLSTALWARTS INV 1290 BROADWAY ST, STE 1100<br>DENVER, CO 80203 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SEAFARER OVERSEAS VALUE CL INSTL 1290 BROADWAY, STE 1100<br>DENVER, CO 80203 | 0.10%                                                                                                                                                              |

**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<br>(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. |                                           |
| SEAFARER OVERSEAS GRW INC INV 1290 BROADWAY, STE 1100<br>DENVER, CO 80203 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(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. |                                           |
| FMI INTL FD INST 777 E WISCONSIN AVE<br>MILWAUKEE, WI 53202               | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(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. |                                           |
| FMI INTL 777 E WISCONSIN AVE<br>MILWAUKEE, WI 53202                       | 0.40%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| DRIEHAUS SM CAP GRW INV CL<br>25 E ERIE ST<br>CHICAGO, IL 60611                               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(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. |                                           |
| DIAMOND HILL SM CAP FD CL I<br>325 JOHN H. MCCONNELL BLVD<br>STE 200<br>COLUMBUS, OH 43215    | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(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. |                                           |
| DWS GLOBAL INFRASTRUCTURE FD A<br>280 PARK AVE<br>FIN PCAM CTRL, 9TH FL<br>NEW YORK, NY 10026 | 0.40%                                                                                                                                                              |                                           |

**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<br>(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. |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DFA US SM CAP PORTFOLIO INSTL CL<br>6300 BEE CAVES ROAD<br>BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DFA US MICRO CAP PRTF INSTL<br>6300 BEE CAVES ROAD<br>BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONESTOGA SM CAP INV CL<br>225 PICTORIA DR, STE 450<br>CINCINNATI, OH 45246 | 0.40%                                                                                                                                                              |

**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<br>(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. |                                           |
| COLUMBIA SELIGMAN TCH AND INF CL A      225 FRANKLIN ST, BX25 10320<br>BOSTON, MA 02110 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(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. |                                           |
| CARILLON SCOUT INTL CL I      P. O. BOX 33022<br>ST PETERSBURG, FL 33733-8022           | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(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. |                                           |
| BROWN INTL SM COMPANY INVEST      1290 BROADWAY, STE 1100<br>DENVER, CO 80203           | 0.40%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| FPA QUEENS ROAD SM CAP VALUE FD      11601 WILSHIRE BLVD, STE 1200<br>LOS ANGELES, CA 90025 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(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. |                                           |
| BLACKROCK TECHOPPORTUNITIES CL A      40 E 52ND ST<br>NEW YORK, NY 10022                    | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(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. |                                           |
| BERKSHIRE FOCUS FD      475 MILAN DR STE 103<br>SAN JOSE, CA 95134                          | 0.40%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| BARON GLOBAL ADVANTAGE FD RET      767 5TH AVE 49TH FL<br>NEW YORK, NY 10153        | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(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. |                                           |
| BARON REAL EST FD RET      767 5TH AVE 49TH FL<br>NEW YORK, NY 10153                | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(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. |                                           |
| BAIRD CORE PLUS BOND INST      777 E. WISCONSIN AVE, 18TH FL<br>MILWAUKEE, WI 53202 | 0.02%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| ARTISAN MID CAP FD ADVISOR<br>875 E WISCONSIN AVE STE 800<br>MILWAUKEE, WI 53202 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(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. |                                           |
| AM CENTURY SM CAP VALUE INV<br>4400 MAIN ST - 1ST FL<br>KANSAS CITY, MO 64111    | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(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. |                                           |
| AM CENTURY EQ INC CL I<br>4400 MAIN ST - 1ST FL<br>KANSAS CITY, MO 64111         | 0.15%                                                                                                                                                              |                                           |

**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<br>(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. |                                           |
| AMANA MUTUAL FD TRUST GRW 1300 NORTH STATE ST<br>BELLINGHAM, WA 98225     | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(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. |                                           |
| AMANA MUTUAL FD TRUST INC 1300 NORTH STATE ST<br>BELLINGHAM, WA 98225     | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(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. |                                           |
| AMG YACHTMAN FOCUSED N 600 STEAMBOAT ROAD, STE 300<br>GREENWICH, CT 06830 | 0.40%                                                                                                                                                              |                                           |

**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<br>(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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEEDHAM SM CAP GROWTH<br>445 PARK AVE 15TH FL<br>NEW YORK, NY 10022 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BARON PARTNERS FUND<br>767 5TH AVENUE 49TH FL<br>NEW YORK, NY 10153 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                       |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>       |  |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| A Name of plan<br>AKAMAI TECHNOLOGIES, INC. 401(K) PLAN                                                                                                                               |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 001                                                                  |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>AKAMAI TECHNOLOGIES, INC.                                                                                            |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>04-3432319                                                  |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN 93-6274329-001                                                                                                                                                               |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20047671 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                               |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                              |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |

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

Schedule D (Form 5500) 2021 v. 201209

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>AKAMAI TECHNOLOGIES, INC. 401(K) PLAN</b>                                    | <b>B</b> Three-digit plan number (PN)                              | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AKAMAI TECHNOLOGIES, INC.</b>        | <b>D</b> Employer Identification Number (EIN)<br><b>04-3432319</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 112364                | 30864           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 2100                  | 3663            |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 13506646              | 11617620        |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 143387                | 60381           |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 22920                 | 36303           |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 28555633              | 32911835        |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 5481814               | 5625620         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 27167933              | 20047671        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 851697662             | 1030522241      |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 194237                | 313396          |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 926884696             | 1101169594      |

**Liabilities**

|                                                                           |           |    |    |
|---------------------------------------------------------------------------|-----------|----|----|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0  | 0  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0  | 0  |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> | 0  | 0  |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 60 | 12 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 60 | 12 |

**Net Assets**

|                                                           |           |           |            |
|-----------------------------------------------------------|-----------|-----------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 926884636 | 1101169582 |
|-----------------------------------------------------------|-----------|-----------|------------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 17730744   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 60023768   |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 11484154   |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 89238666  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 2176       |           |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 3923       |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 228118     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 234217    |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 2027       |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 157269     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 35042765   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 35202061  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 91250710   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 88196114   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 170116     |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 336035    |
| (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) |            | 125948450 |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 254184141 |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 79924097   |           |
| (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)  |            | 79924097  |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 6735      |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 0         |
| 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)  | -31637     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | -31637    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 79899195  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 174284946 |
| 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: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

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   |    | 204    |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</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.) ..... |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>c</b> 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.) .....                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>d</b> 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.) .....                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>g</b> 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? .....                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>h</b> 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? .....                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |          |
| <b>j</b> 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.) .....                                                                                     |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>n</b> 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. ....                                                                                                                         |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     | 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 \_\_\_\_\_.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                   |                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>AKAMAI TECHNOLOGIES, INC. 401(K) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AKAMAI TECHNOLOGIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-3432319</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |
| <b>2</b> 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):<br><br>EIN(s): <u>04-6568107</u> |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**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 \_\_\_\_\_



**Financial Statements  
and Supplemental Schedules**

**Akamai Technologies, Inc.  
401(k) Plan**

**December 31, 2021 and 2020**



# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## ***Financial Statements and Supplemental Schedules***

### ***Table of Contents***

#### ***Financial Statements:***

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#### ***Supplemental Schedules (2021 only):***

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## *Independent Auditors' Report*

The Plan Administrator  
Akamai Technologies, Inc. 401(k) Plan  
Cambridge, Massachusetts

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed the audit of the financial statements of the Akamai Technologies, Inc. 401(k) Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the 2021 Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or available to be issued.

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

### ***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules (1) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 and (2) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion:

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

***Other Matter - Auditors' Report on the 2020 Financial Statements***

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institution. In our report dated July 20, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Mayer Hoffman McCann P.C.*

Boston, Massachusetts  
August 29, 2022

**AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**  
**Statements of Net Assets Available for Benefits**

|                                          | <b>December 31,</b>            |                              |
|------------------------------------------|--------------------------------|------------------------------|
|                                          | <b>2021</b>                    | <b>2020</b>                  |
| <b>Assets</b>                            |                                |                              |
| Investments at fair value                | \$ <u>1,095,543,962</u>        | \$ <u>921,402,822</u>        |
| Receivables:                             |                                |                              |
| Notes receivable from participants       | 5,625,620                      | 5,481,814                    |
| Employer's matching contributions        | <u>1,078,744</u>               | <u>1,008,285</u>             |
| <b>Total receivables</b>                 | <u><b>6,704,364</b></u>        | <u><b>6,490,099</b></u>      |
| <b>Net assets available for benefits</b> | <u><b>\$ 1,102,248,326</b></u> | <u><b>\$ 927,892,921</b></u> |

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

### Additions to net assets attributed to:

#### Investment income:

|                                               |                   |
|-----------------------------------------------|-------------------|
| Net appreciation in fair value of investments | \$ 130,942,812    |
| Interest and dividends                        | <u>33,768,327</u> |

|                         |                    |
|-------------------------|--------------------|
| Total investment income | <u>164,711,139</u> |
|-------------------------|--------------------|

|                                  |                |
|----------------------------------|----------------|
| Revenue credit account additions | <u>440,402</u> |
|----------------------------------|----------------|

|                                                       |                |
|-------------------------------------------------------|----------------|
| Interest income on notes receivable from participants | <u>234,329</u> |
|-------------------------------------------------------|----------------|

#### Contributions:

|                                 |                   |
|---------------------------------|-------------------|
| Participant deferrals           | 60,023,768        |
| Employer matching contributions | 17,801,203        |
| Rollovers                       | <u>11,484,154</u> |

|                     |                   |
|---------------------|-------------------|
| Total contributions | <u>89,309,125</u> |
|---------------------|-------------------|

|                                      |                           |
|--------------------------------------|---------------------------|
| <b>Total additions to net assets</b> | <b><u>254,694,995</u></b> |
|--------------------------------------|---------------------------|

### Deductions from net assets attributed to:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 79,930,825     |
| Administrative expenses       | <u>408,765</u> |

|                                         |                          |
|-----------------------------------------|--------------------------|
| <b>Total deductions from net assets</b> | <b><u>80,339,590</u></b> |
|-----------------------------------------|--------------------------|

|                                                          |                    |
|----------------------------------------------------------|--------------------|
| <b>Net increase in net assets available for benefits</b> | <b>174,355,405</b> |
|----------------------------------------------------------|--------------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| Net assets available for benefits, beginning of year | <u>927,892,921</u> |
|------------------------------------------------------|--------------------|

|                                                       |                                       |
|-------------------------------------------------------|---------------------------------------|
| <b>Net assets available for benefits, end of year</b> | <b>\$ <u><u>1,102,248,326</u></u></b> |
|-------------------------------------------------------|---------------------------------------|

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan***

The following description of the Akamai Technologies, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

#### ***General***

The Plan is a defined contribution plan sponsored by Akamai Technologies, Inc. (the “Employer”) covering all employees who have met certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all of the investments are participant directed.

#### ***Eligibility***

All employees are eligible to participate immediately in the Plan, regardless of age, with the exception of those covered by a collective bargaining agreement, certain leased employees, independent contractors not entitled to benefits under the Plan, certain nonresident aliens and employees who are residents of Puerto Rico.

#### ***Participant Contributions***

The Plan allows participants to contribute up to 80% of eligible annual compensation in a calendar year. Newly eligible employees are automatically enrolled in the Plan at an initial 8% deferral unless they affirmatively elect otherwise. Subsequent year contributions are increased 1% per year to a maximum of 10%. The Plan allows for rehired employees to be eligible for automatic enrollment. Participants may also contribute amounts representing eligible rollover distributions from other qualified plans (“rollovers”). Participants who reached the age of 50 before the end of the Plan year are eligible to make additional catch-up contributions.

#### ***Employer Contributions***

Each Plan year, the Employer, at its sole discretion, may make matching contributions to the Plan. For the Plan year ended December 31, 2021, the Employer’s matching contribution was 50% of the Participants’ elective deferrals up to the annual contribution limit on the first 8% of eligible compensation deferred by each participant, subject to an annual maximum matching contribution of \$6,000 per participant.

Each Plan year, the Employer, at its sole discretion, may make non-elective Employer contributions to the Plan. Allocations are made to participants, as defined in the Plan. To be eligible, a participant must be either employed as of the last day of the Plan year or have terminated during the year after attaining the normal retirement age, as defined, or due to death or disability. There were no non-elective Employer contributions made to the Plan during the Plan year ended December 31, 2021.

The Employer may make additional qualified matching contributions to non-highly compensated participants, as defined in the Plan, in the event the Plan does not pass non-discrimination testing. For the year ended December 31, 2021, it was not necessary to make this contribution.

Participant and Employer contributions are subject to Internal Revenue Service (“IRS”) limitations.

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Participant Accounts***

Each participant's account is credited with the participant's contribution, any discretionary Employer contributions and Plan earnings and is charged with administrative fees. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balances. The Plan allocates amounts held in the revenue credit account after paying Plan expenses to participants based on participant balances.

#### ***Vesting***

Participants are vested immediately in their deferral, Employer matching, and rollover contributions adjusted for actual earnings or losses thereon.

#### ***Forfeitures***

Upon termination of service, any non-vested portion of the account will be forfeited as of the date on which the participant has five consecutive one-year breaks in service. Any forfeited amounts will be restored to a participant's account if re-employed by the Employer before incurring five consecutive one-year breaks in service or if, after the participant received a distribution of the vested account, the participant repays the full amount of the distribution before the end of the five-year period. Such forfeitures are used to pay the Plan's administrative expenses, if any, and reduce future Employer contributions. Any forfeitures remaining after administrative expenses have been paid shall be applied to reduce any discretionary Employer contributions. At December 31, 2021 and 2020, the forfeiture balances were \$451 and \$0, respectively. During the year ended December 31, 2021, the Plan utilized \$3,060 from the forfeiture account to offset a portion of the Employer matching contributions.

#### ***Withdrawals and Distributions***

Upon normal retirement (presently age 60), disability, retirement, death or termination, the participant or beneficiary, in conjunction with terms of the Plan, may elect to receive a lump-sum amount equal to the value of the funds allocated to the participant account. In lieu of a lump-sum payment, the participant or beneficiary may elect to receive installment payments. The Plan also allows for partial payments. In-service withdrawals from the participant's account are permitted upon reaching age 59½, as defined. In-service withdrawals are also permitted from the participant's rollover account at any time or during Qualified Military Service, as defined. If a participant's vested interest in their account is less than \$1,000, it shall be distributed in a lump sum as soon as practical as determined by the Plan administrator.

The Plan allows for hardship withdrawals to meet a participant's immediate and heavy financial needs, as defined. Participants may take a hardship withdrawal from only their deferral account. The minimum hardship withdrawal is \$500.

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Withdrawals and Distributions (Continued)***

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was passed by the U.S. Senate on March 26, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020.

#### ***Notes Receivable from Participants***

In accordance with the Plan document, participants may borrow a minimum loan amount of \$1,000 up to the lesser of \$50,000 or 50% of their vested interest in the account. A participant may have only one loan outstanding at any time. The maximum term of such loans is five years except for loans related to the purchase of a primary residence, in which case the loan repayment period may not extend beyond 10 years from the date of the loan. Loans are secured by the balance in the participant's vested account and bear interest at the prevailing rate charged for similar loans. Principal and interest are paid ratably through payroll deductions for active participants, and terminated participants are able to make payments after termination of employment.

Under the CARES Act, the available loan limit was increased to \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020 and, if applicable, extends the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

### ***Note 2 - Summary of Significant Accounting Policies***

#### ***Basis of Presentation***

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

#### ***Investments, 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 administrator determines the Plan's valuation policies utilizing information provided by the trustee and custodian.

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 Plan year.

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 2 - Summary of Significant Accounting Policies (Continued)***

#### ***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, 2021 and 2020.

#### ***Unit Values***

Individual participant accounts for the stable value common/collective trust are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the trust, but do have an interest therein represented by units which are valued daily. The trust earns dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from the trust are converted to units by dividing the amounts of such transactions by the unit value as last determined, and the participants' accounts are charged or credited with the number of units attributable to each participant.

#### ***Benefits Paid***

Benefits are recorded when paid.

#### ***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 assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

#### ***Subsequent Events***

The Employer has evaluated subsequent events through August 29, 2022, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during the evaluation.

### ***Note 3 - 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 3 - Fair Value Measurements (Continued)

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in similar markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- 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 inputs for the asset or liability.

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

*Mutual funds and money market fund:* 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.

*Exchange traded funds (included in Self-directed brokerage):* Valued at the NAV of shares held by the Plan at year end, as quoted in the active market, and are classified within Level 1 of the valuation hierarchy.

*Stable value common/collective trust:* A stable value fund that is composed primarily of indirect fully benefit-responsive investment contracts is valued at the NAV of units of the bank collective trust. The NAV, as provided by the trustee, 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 liabilities. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

*Common stocks (included in Self-directed brokerage):* Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 3 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| Description                                          | Assets at Fair Value as of December 31, 2021 |                    |                    |                                |
|------------------------------------------------------|----------------------------------------------|--------------------|--------------------|--------------------------------|
|                                                      | Level 1                                      | Level 2            | Level 3            | Total                          |
| Mutual funds                                         | \$ 1,004,525,877                             | \$ -               | \$ -               | \$ 1,004,525,877               |
| Self-directed brokerage assets:                      |                                              |                    |                    |                                |
| Common stock                                         | 32,911,835                                   | -                  | -                  | 32,911,835                     |
| Mutual funds                                         | 12,678,989                                   | -                  | -                  | 12,678,989                     |
| Exchange traded funds                                | 14,190,338                                   | -                  | -                  | 14,190,338                     |
| Money market fund                                    | <u>11,189,252</u>                            | <u>-</u>           | <u>-</u>           | <u>11,189,252</u>              |
| <b>Total investments in the fair value hierarchy</b> | <b>\$ <u>1,075,496,291</u></b>               | <b>\$ <u>-</u></b> | <b>\$ <u>-</u></b> | <b>\$ <u>1,075,496,291</u></b> |
| Investments measured at NAV practical expedient (a)  |                                              |                    |                    | <u>20,047,671</u>              |
| <b>Total investments at fair value</b>               |                                              |                    |                    | <b>\$ <u>1,095,543,962</u></b> |

| Description                                          | Assets at Fair Value as of December 31, 2020 |                    |                    |                              |
|------------------------------------------------------|----------------------------------------------|--------------------|--------------------|------------------------------|
|                                                      | Level 1                                      | Level 2            | Level 3            | Total                        |
| Mutual funds                                         | \$ 830,547,951                               | \$ -               | \$ -               | \$ 830,547,951               |
| Self-directed brokerage assets:                      |                                              |                    |                    |                              |
| Common stock                                         | 28,555,633                                   | -                  | -                  | 28,555,633                   |
| Mutual funds                                         | 11,582,119                                   | -                  | -                  | 11,582,119                   |
| Exchange traded funds                                | 10,189,108                                   | -                  | -                  | 10,189,108                   |
| Money market fund                                    | <u>13,360,078</u>                            | <u>-</u>           | <u>-</u>           | <u>13,360,078</u>            |
| <b>Total investments in the fair value hierarchy</b> | <b>\$ <u>894,234,889</u></b>                 | <b>\$ <u>-</u></b> | <b>\$ <u>-</u></b> | <b>\$ <u>894,234,889</u></b> |
| Investments measured at NAV practical expedient (a)  |                                              |                    |                    | <u>27,167,933</u>            |
| <b>Total investments at fair value</b>               |                                              |                    |                    | <b>\$ <u>921,402,822</u></b> |

- (a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 4 - Administrative Expenses

The Plan's expenses related to the administration of notes receivable from participants are allocated to the participants with the exception of certain administration fees which are paid by the Employer. Fees are paid through revenue sharing, rather than a direct payment.

### Note 5 - Risks and Uncertainties

The Plan provides for various investment options in registered investment companies, self-directed funds and a stable value common/collective trust which hold investment securities. Market risks include global events such as pandemic or international conflict which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

### Note 6 - Information Certified by the Trustee and Custodian

Plan investments are held primarily in mutual fund accounts, a stable value common/collective trust, and self-directed brokerage accounts by the Plan's trustee and custodian, Fidelity Management Trust Company ("Fidelity"). The investments held under the self-directed brokerage account are mutual funds, common stock, non-interest bearing cash account and money market mutual funds. The fair value of investments as of December 31, 2021 and 2020, and all investment transactions for the year ended December 31, 2021, including interest and dividends and net appreciation in fair value of investments are certified as complete and accurate and reported to the Plan by the trustee. Information contained in the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is also certified by Fidelity. Participants may direct their contributions as well as Employer contributions to any of several investment options.

The following is a summary of the information certified by Fidelity Management Trust Company, the trustee and custodian, as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

|                                      | <b>December 31,</b>            |                              |
|--------------------------------------|--------------------------------|------------------------------|
|                                      | <b>2021</b>                    | <b>2020</b>                  |
| <b>Investments at Fair Value</b>     |                                |                              |
| Mutual funds                         | \$ 1,004,525,877               | \$ 830,547,951               |
| Stable value common/collective trust | 20,047,671                     | 27,167,933                   |
| Self-directed brokerage assets       | <u>70,970,414</u>              | <u>63,686,938</u>            |
| <b>Total investments</b>             | <b><u>\$ 1,095,543,962</u></b> | <b><u>\$ 921,402,822</u></b> |

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 6 - Information Certified by the Trustee and Custodian (Continued)

|                                                       | <b>December 31,</b> |              |
|-------------------------------------------------------|---------------------|--------------|
|                                                       | <b>2021</b>         | <b>2020</b>  |
| <b>Other Information Certified by the Trustee</b>     |                     |              |
| Notes receivable from participants                    | \$ 5,625,620        | \$ 5,481,814 |
|                                                       | <b>Year Ended</b>   |              |
|                                                       | <b>December 31,</b> |              |
|                                                       | <b>2021</b>         |              |
| <b>Other</b>                                          |                     |              |
| Net appreciation in fair value of investments         | \$ 130,942,812      |              |
| Interest and dividend income                          | 33,768,327          |              |
| Revenue credit account additions                      | 440,402             |              |
| Interest income on notes receivable from participants | 234,329             |              |

In addition, the Schedule of Assets (Held at End of Year) was certified by the trustee and custodian.

### Note 7 - Fair Value of Investments in Entities That Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively.

|                                          | <b>Fair Value*</b> | <b>Fair Value*</b> | <b>Unfunded</b>    | <b>Redemption</b> | <b>Redemption</b>    |
|------------------------------------------|--------------------|--------------------|--------------------|-------------------|----------------------|
| <b>Investments</b>                       | <b>12/31/2021</b>  | <b>12/31/2020</b>  | <b>Commitments</b> | <b>Frequency</b>  | <b>Notice Period</b> |
| Stable value common/<br>collective trust | \$ 20,047,671      | \$ 27,167,933      | \$ -               | Daily             | 30 Days              |

\* See Note 3 for the description of the stable value common/collective trust.

### Note 8 - Related-Party Transactions and Exempt Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee and custodian of the Plan and, therefore, these transactions are considered exempt party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. For the year ended December 31, 2021, \$408,765 was paid by the Plan for vendor and administrative services. For the year ended December 31, 2021, \$440,402 of revenue credits were received from Fidelity.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 9 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

### Note 10 - Tax Status

The Plan has adopted a Fidelity plan document using a standardized prototype adoption agreement, which received a favorable opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter; however, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Note 11 - Reconciliation of Financial Statements to Form 5500

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

|                                                                                           | 2021                           | 2020                         |
|-------------------------------------------------------------------------------------------|--------------------------------|------------------------------|
| Net assets available for benefits per the financial statements                            | \$ 1,102,248,326               | \$ 927,892,921               |
| Employer matching contribution reported on financial statements not reported on Form 5500 | <u>(1,078,744)</u>             | <u>(1,008,285)</u>           |
| <b>Net assets available for benefits per Form 5500</b>                                    | <b><u>\$ 1,101,169,582</u></b> | <b><u>\$ 926,884,636</u></b> |

## AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

### *Notes to Financial Statements*

#### **Note 11 - Reconciliation of Financial Statements to Form 5500 (Continued)**

For the year ended December 31, 2021, the following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per Form 5500:

|                                                                                                        |                              |
|--------------------------------------------------------------------------------------------------------|------------------------------|
| Net increase in net assets available for benefits per the financial statements                         | \$ 174,355,405               |
| Employer matching contribution reported on financial statements in 2020, reported on Form 5500 in 2021 | 1,008,285                    |
| Accounts receivable for Employer matching contribution in 2021 not reported on Form 5500               | <u>(1,078,744)</u>           |
| <b>Net income per Form 5500</b>                                                                        | <b><u>\$ 174,284,946</u></b> |

#### **Note 12 - Delinquent Participant Contributions**

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the Employer's general assets. While the Employer remitted all participant contributions to the Plan, contributions of \$204 were not remitted within the required time period during the year ended December 31, 2021, as reflected in the accompanying Schedule of Delinquent Participant Contributions. The Employer calculated lost earnings which were funded in 2022.

## ***Supplemental Schedules***

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

(E.I.N. 04-3432319 - Plan Number 001)

## Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2021

| Participant Contributions<br>Transferred Late to Plan<br>Check here if Late<br>Participant Loan<br>Payments are Included: |   | Total That Constitutes Nonexempt Prohibited Transactions |                                         |                                             | Total Fully Corrected Under<br>Voluntary Fiduciary<br>Correction Program (VFCP)<br>and Prohibited Transaction<br>Exemption 2002-51 |
|---------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------|-----------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                           |   | Contributions<br>Not Corrected                           | Contributions Corrected<br>Outside VFCP | Contributions Pending<br>Correction in VFCP |                                                                                                                                    |
| 2021                                                                                                                      | ✓ | n/a                                                      | \$                                      | 204                                         | n/a                                                                                                                                |

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

(E.I.N. 04-3432319 - Plan Number 001)

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

December 31, 2021

| (a) | (b)<br>Identity of Issue                          | (c)<br>Description of Investment    | (d)<br>Cost | (e)<br>Value<br>Current |
|-----|---------------------------------------------------|-------------------------------------|-------------|-------------------------|
| *   | Fidelity Growth Company K6 Fund                   | Mutual Fund                         | \$          | 162,991,492             |
| *   | Fidelity 500 Index Fund Institutional Class       | Mutual Fund                         |             | 132,863,250             |
|     | T. Rowe Price Retirement 2045 Fund                | Mutual Fund                         |             | 77,086,439              |
|     | T. Rowe Price Retirement 2040 Fund                | Mutual Fund                         |             | 65,502,334              |
|     | T. Rowe Price Retirement 2050 Fund                | Mutual Fund                         |             | 59,522,303              |
| *   | Fidelity Contrafund K Fund                        | Mutual Fund                         |             | 57,350,809              |
|     | T. Rowe Price Retirement 2035 Fund                | Mutual Fund                         |             | 47,895,542              |
|     | T. Rowe Price Retirement 2030 Fund                | Mutual Fund                         |             | 35,711,536              |
|     | T. Rowe Price Retirement 2055 Fund                | Mutual Fund                         |             | 35,324,599              |
|     | Baron Growth Institutional Fund                   | Mutual Fund                         |             | 28,660,394              |
|     | T. Rowe Price Retirement 2055 Fund                | Mutual Fund                         |             | 27,175,630              |
| *   | Fidelity Small Cap Index Institutional            | Mutual Fund                         |             | 26,144,598              |
| *   | Fidelity Diversified International K Fund         | Mutual Fund                         |             | 25,661,322              |
| *   | Fidelity Mid Cap Index Fund Institutional Class   | Mutual Fund                         |             | 23,289,562              |
| *   | Fidelity Mid-Cap Stock K6 Fund                    | Mutual Fund                         |             | 19,745,636              |
| *   | Fidelity U.S. Bond Index Fund Investor Class      | Mutual Fund                         |             | 18,804,904              |
| *   | Fidelity Global ex U.S. Index Fund Premium Class  | Mutual Fund                         |             | 17,744,595              |
| *   | Fidelity Low-Priced Stock K Fund                  | Mutual Fund                         |             | 16,076,936              |
|     | T. Rowe Price Institutional Large Cap Value Fund  | Mutual Fund                         |             | 14,450,197              |
|     | JPMorgan Mid Cap Value Fund Sel                   | Mutual Fund                         |             | 13,247,861              |
|     | PIMCO Total Return Fund Institutional Class       | Mutual Fund                         |             | 13,115,243              |
| *   | Fidelity Capital & Income Fund                    | Mutual Fund                         |             | 12,139,942              |
|     | T. Rowe Price Retirement 2020 Fund                | Mutual Fund                         |             | 10,924,380              |
| *   | Fidelity Puritan K Fund                           | Mutual Fund                         |             | 9,652,244               |
|     | Invesco Developing Markets R6                     | Mutual Fund                         |             | 9,096,843               |
|     | American Beacon Small Cap Value Fund              | Mutual Fund                         |             | 8,697,897               |
|     | T. Rowe Price Retirement 2060 Fund                | Mutual Fund                         |             | 7,760,380               |
|     | Vanguard International Value Fund Investor Shares | Mutual Fund                         |             | 6,079,908               |
|     | Cohen & Steers Global Realty Fund                 | Mutual Fund                         |             | 5,008,878               |
|     | Aggressive Allocation                             | Mutual Fund                         |             | 4,474,328               |
| *   | Fidelity Real Estate Index Fund Premium Class     | Mutual Fund                         |             | 4,085,974               |
|     | PIMCO Real Return Inst Fund                       | Mutual Fund                         |             | 3,971,892               |
|     | Invesco International Bond Fund Class R6          | Mutual Fund                         |             | 1,887,290               |
|     | T. Rowe Price Retirement 2015 Fund                | Mutual Fund                         |             | 994,814                 |
|     | Moderate Allocation                               | Mutual Fund                         |             | 927,348                 |
| *   | Fidelity Money Market Trust Retirement Government | Mutual Fund                         |             | 458,577                 |
| **  | Self-Directed Brokerage Assets                    | Self-Directed Brokerage Assets      |             | 70,970,414              |
|     | Morley Stable Value Fund                          | Common/Collective Trust             |             | 20,047,671              |
| *   | Participant Loans                                 | Loans (Interest Rate 3.25% - 5.50%) | 0           | 5,625,620               |
|     |                                                   |                                     |             | <b>\$ 1,101,169,582</b> |

\* Indicates party-in-interest to the Plan as defined by ERISA.

\*\* Includes \$16,788,784 of cash reserves and mutual funds considered party-in-interest to the Plan as defined by ERISA.



**Financial Statements  
and Supplemental Schedules**

**Akamai Technologies, Inc.  
401(k) Plan**

**December 31, 2021 and 2020**



# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## *Financial Statements and Supplemental Schedules*

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## *Independent Auditors' Report*

The Plan Administrator  
Akamai Technologies, Inc. 401(k) Plan  
Cambridge, Massachusetts

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed the audit of the financial statements of the Akamai Technologies, Inc. 401(k) Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the 2021 Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or available to be issued.

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

### ***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules (1) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 and (2) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion:

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

***Other Matter - Auditors' Report on the 2020 Financial Statements***

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institution. In our report dated July 20, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Mayer Hoffman McCann P.C.*

Boston, Massachusetts  
August 29, 2022

**AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**  
**Statements of Net Assets Available for Benefits**

|                                          | <b>December 31,</b>            |                              |
|------------------------------------------|--------------------------------|------------------------------|
|                                          | <b>2021</b>                    | <b>2020</b>                  |
| <b>Assets</b>                            |                                |                              |
| Investments at fair value                | \$ <u>1,095,543,962</u>        | \$ <u>921,402,822</u>        |
| Receivables:                             |                                |                              |
| Notes receivable from participants       | 5,625,620                      | 5,481,814                    |
| Employer's matching contributions        | <u>1,078,744</u>               | <u>1,008,285</u>             |
| <b>Total receivables</b>                 | <u><b>6,704,364</b></u>        | <u><b>6,490,099</b></u>      |
| <b>Net assets available for benefits</b> | <u><b>\$ 1,102,248,326</b></u> | <u><b>\$ 927,892,921</b></u> |

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

### Additions to net assets attributed to:

#### Investment income:

|                                               |                   |
|-----------------------------------------------|-------------------|
| Net appreciation in fair value of investments | \$ 130,942,812    |
| Interest and dividends                        | <u>33,768,327</u> |

|                         |                    |
|-------------------------|--------------------|
| Total investment income | <u>164,711,139</u> |
|-------------------------|--------------------|

|                                  |                |
|----------------------------------|----------------|
| Revenue credit account additions | <u>440,402</u> |
|----------------------------------|----------------|

|                                                       |                |
|-------------------------------------------------------|----------------|
| Interest income on notes receivable from participants | <u>234,329</u> |
|-------------------------------------------------------|----------------|

#### Contributions:

|                                 |                   |
|---------------------------------|-------------------|
| Participant deferrals           | 60,023,768        |
| Employer matching contributions | 17,801,203        |
| Rollovers                       | <u>11,484,154</u> |

|                     |                   |
|---------------------|-------------------|
| Total contributions | <u>89,309,125</u> |
|---------------------|-------------------|

|                                      |                           |
|--------------------------------------|---------------------------|
| <b>Total additions to net assets</b> | <b><u>254,694,995</u></b> |
|--------------------------------------|---------------------------|

### Deductions from net assets attributed to:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 79,930,825     |
| Administrative expenses       | <u>408,765</u> |

|                                         |                          |
|-----------------------------------------|--------------------------|
| <b>Total deductions from net assets</b> | <b><u>80,339,590</u></b> |
|-----------------------------------------|--------------------------|

|                                                          |                    |
|----------------------------------------------------------|--------------------|
| <b>Net increase in net assets available for benefits</b> | <b>174,355,405</b> |
|----------------------------------------------------------|--------------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| Net assets available for benefits, beginning of year | <u>927,892,921</u> |
|------------------------------------------------------|--------------------|

|                                                       |                                       |
|-------------------------------------------------------|---------------------------------------|
| <b>Net assets available for benefits, end of year</b> | <b>\$ <u><u>1,102,248,326</u></u></b> |
|-------------------------------------------------------|---------------------------------------|

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan***

The following description of the Akamai Technologies, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

#### ***General***

The Plan is a defined contribution plan sponsored by Akamai Technologies, Inc. (the “Employer”) covering all employees who have met certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all of the investments are participant directed.

#### ***Eligibility***

All employees are eligible to participate immediately in the Plan, regardless of age, with the exception of those covered by a collective bargaining agreement, certain leased employees, independent contractors not entitled to benefits under the Plan, certain nonresident aliens and employees who are residents of Puerto Rico.

#### ***Participant Contributions***

The Plan allows participants to contribute up to 80% of eligible annual compensation in a calendar year. Newly eligible employees are automatically enrolled in the Plan at an initial 8% deferral unless they affirmatively elect otherwise. Subsequent year contributions are increased 1% per year to a maximum of 10%. The Plan allows for rehired employees to be eligible for automatic enrollment. Participants may also contribute amounts representing eligible rollover distributions from other qualified plans (“rollovers”). Participants who reached the age of 50 before the end of the Plan year are eligible to make additional catch-up contributions.

#### ***Employer Contributions***

Each Plan year, the Employer, at its sole discretion, may make matching contributions to the Plan. For the Plan year ended December 31, 2021, the Employer’s matching contribution was 50% of the Participants’ elective deferrals up to the annual contribution limit on the first 8% of eligible compensation deferred by each participant, subject to an annual maximum matching contribution of \$6,000 per participant.

Each Plan year, the Employer, at its sole discretion, may make non-elective Employer contributions to the Plan. Allocations are made to participants, as defined in the Plan. To be eligible, a participant must be either employed as of the last day of the Plan year or have terminated during the year after attaining the normal retirement age, as defined, or due to death or disability. There were no non-elective Employer contributions made to the Plan during the Plan year ended December 31, 2021.

The Employer may make additional qualified matching contributions to non-highly compensated participants, as defined in the Plan, in the event the Plan does not pass non-discrimination testing. For the year ended December 31, 2021, it was not necessary to make this contribution.

Participant and Employer contributions are subject to Internal Revenue Service (“IRS”) limitations.

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Participant Accounts***

Each participant's account is credited with the participant's contribution, any discretionary Employer contributions and Plan earnings and is charged with administrative fees. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balances. The Plan allocates amounts held in the revenue credit account after paying Plan expenses to participants based on participant balances.

#### ***Vesting***

Participants are vested immediately in their deferral, Employer matching, and rollover contributions adjusted for actual earnings or losses thereon.

#### ***Forfeitures***

Upon termination of service, any non-vested portion of the account will be forfeited as of the date on which the participant has five consecutive one-year breaks in service. Any forfeited amounts will be restored to a participant's account if re-employed by the Employer before incurring five consecutive one-year breaks in service or if, after the participant received a distribution of the vested account, the participant repays the full amount of the distribution before the end of the five-year period. Such forfeitures are used to pay the Plan's administrative expenses, if any, and reduce future Employer contributions. Any forfeitures remaining after administrative expenses have been paid shall be applied to reduce any discretionary Employer contributions. At December 31, 2021 and 2020, the forfeiture balances were \$451 and \$0, respectively. During the year ended December 31, 2021, the Plan utilized \$3,060 from the forfeiture account to offset a portion of the Employer matching contributions.

#### ***Withdrawals and Distributions***

Upon normal retirement (presently age 60), disability, retirement, death or termination, the participant or beneficiary, in conjunction with terms of the Plan, may elect to receive a lump-sum amount equal to the value of the funds allocated to the participant account. In lieu of a lump-sum payment, the participant or beneficiary may elect to receive installment payments. The Plan also allows for partial payments. In-service withdrawals from the participant's account are permitted upon reaching age 59½, as defined. In-service withdrawals are also permitted from the participant's rollover account at any time or during Qualified Military Service, as defined. If a participant's vested interest in their account is less than \$1,000, it shall be distributed in a lump sum as soon as practical as determined by the Plan administrator.

The Plan allows for hardship withdrawals to meet a participant's immediate and heavy financial needs, as defined. Participants may take a hardship withdrawal from only their deferral account. The minimum hardship withdrawal is \$500.

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Withdrawals and Distributions (Continued)***

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was passed by the U.S. Senate on March 26, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020.

#### ***Notes Receivable from Participants***

In accordance with the Plan document, participants may borrow a minimum loan amount of \$1,000 up to the lesser of \$50,000 or 50% of their vested interest in the account. A participant may have only one loan outstanding at any time. The maximum term of such loans is five years except for loans related to the purchase of a primary residence, in which case the loan repayment period may not extend beyond 10 years from the date of the loan. Loans are secured by the balance in the participant's vested account and bear interest at the prevailing rate charged for similar loans. Principal and interest are paid ratably through payroll deductions for active participants, and terminated participants are able to make payments after termination of employment.

Under the CARES Act, the available loan limit was increased to \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020 and, if applicable, extends the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

### ***Note 2 - Summary of Significant Accounting Policies***

#### ***Basis of Presentation***

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

#### ***Investments, 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 administrator determines the Plan's valuation policies utilizing information provided by the trustee and custodian.

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 Plan year.

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 2 - Summary of Significant Accounting Policies (Continued)***

#### ***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, 2021 and 2020.

#### ***Unit Values***

Individual participant accounts for the stable value common/collective trust are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the trust, but do have an interest therein represented by units which are valued daily. The trust earns dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from the trust are converted to units by dividing the amounts of such transactions by the unit value as last determined, and the participants' accounts are charged or credited with the number of units attributable to each participant.

#### ***Benefits Paid***

Benefits are recorded when paid.

#### ***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 assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

#### ***Subsequent Events***

The Employer has evaluated subsequent events through August 29, 2022, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during the evaluation.

### ***Note 3 - 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 3 - Fair Value Measurements (Continued)

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in similar markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- 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 inputs for the asset or liability.

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

*Mutual funds and money market fund:* 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.

*Exchange traded funds (included in Self-directed brokerage):* Valued at the NAV of shares held by the Plan at year end, as quoted in the active market, and are classified within Level 1 of the valuation hierarchy.

*Stable value common/collective trust:* A stable value fund that is composed primarily of indirect fully benefit-responsive investment contracts is valued at the NAV of units of the bank collective trust. The NAV, as provided by the trustee, 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 liabilities. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

*Common stocks (included in Self-directed brokerage):* Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 3 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| Description                                          | Assets at Fair Value as of December 31, 2021 |                    |                    |                                |
|------------------------------------------------------|----------------------------------------------|--------------------|--------------------|--------------------------------|
|                                                      | Level 1                                      | Level 2            | Level 3            | Total                          |
| Mutual funds                                         | \$ 1,004,525,877                             | \$ -               | \$ -               | \$ 1,004,525,877               |
| Self-directed brokerage assets:                      |                                              |                    |                    |                                |
| Common stock                                         | 32,911,835                                   | -                  | -                  | 32,911,835                     |
| Mutual funds                                         | 12,678,989                                   | -                  | -                  | 12,678,989                     |
| Exchange traded funds                                | 14,190,338                                   | -                  | -                  | 14,190,338                     |
| Money market fund                                    | <u>11,189,252</u>                            | <u>-</u>           | <u>-</u>           | <u>11,189,252</u>              |
| <b>Total investments in the fair value hierarchy</b> | <b>\$ <u>1,075,496,291</u></b>               | <b>\$ <u>-</u></b> | <b>\$ <u>-</u></b> | <b>\$ <u>1,075,496,291</u></b> |
| Investments measured at NAV practical expedient (a)  |                                              |                    |                    | <u>20,047,671</u>              |
| <b>Total investments at fair value</b>               |                                              |                    |                    | <b>\$ <u>1,095,543,962</u></b> |

| Description                                          | Assets at Fair Value as of December 31, 2020 |                    |                    |                              |
|------------------------------------------------------|----------------------------------------------|--------------------|--------------------|------------------------------|
|                                                      | Level 1                                      | Level 2            | Level 3            | Total                        |
| Mutual funds                                         | \$ 830,547,951                               | \$ -               | \$ -               | \$ 830,547,951               |
| Self-directed brokerage assets:                      |                                              |                    |                    |                              |
| Common stock                                         | 28,555,633                                   | -                  | -                  | 28,555,633                   |
| Mutual funds                                         | 11,582,119                                   | -                  | -                  | 11,582,119                   |
| Exchange traded funds                                | 10,189,108                                   | -                  | -                  | 10,189,108                   |
| Money market fund                                    | <u>13,360,078</u>                            | <u>-</u>           | <u>-</u>           | <u>13,360,078</u>            |
| <b>Total investments in the fair value hierarchy</b> | <b>\$ <u>894,234,889</u></b>                 | <b>\$ <u>-</u></b> | <b>\$ <u>-</u></b> | <b>\$ <u>894,234,889</u></b> |
| Investments measured at NAV practical expedient (a)  |                                              |                    |                    | <u>27,167,933</u>            |
| <b>Total investments at fair value</b>               |                                              |                    |                    | <b>\$ <u>921,402,822</u></b> |

- (a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 4 - Administrative Expenses

The Plan's expenses related to the administration of notes receivable from participants are allocated to the participants with the exception of certain administration fees which are paid by the Employer. Fees are paid through revenue sharing, rather than a direct payment.

### Note 5 - Risks and Uncertainties

The Plan provides for various investment options in registered investment companies, self-directed funds and a stable value common/collective trust which hold investment securities. Market risks include global events such as pandemic or international conflict which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

### Note 6 - Information Certified by the Trustee and Custodian

Plan investments are held primarily in mutual fund accounts, a stable value common/collective trust, and self-directed brokerage accounts by the Plan's trustee and custodian, Fidelity Management Trust Company ("Fidelity"). The investments held under the self-directed brokerage account are mutual funds, common stock, non-interest bearing cash account and money market mutual funds. The fair value of investments as of December 31, 2021 and 2020, and all investment transactions for the year ended December 31, 2021, including interest and dividends and net appreciation in fair value of investments are certified as complete and accurate and reported to the Plan by the trustee. Information contained in the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is also certified by Fidelity. Participants may direct their contributions as well as Employer contributions to any of several investment options.

The following is a summary of the information certified by Fidelity Management Trust Company, the trustee and custodian, as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

|                                      | <b>December 31,</b>            |                              |
|--------------------------------------|--------------------------------|------------------------------|
|                                      | <b>2021</b>                    | <b>2020</b>                  |
| <b>Investments at Fair Value</b>     |                                |                              |
| Mutual funds                         | \$ 1,004,525,877               | \$ 830,547,951               |
| Stable value common/collective trust | 20,047,671                     | 27,167,933                   |
| Self-directed brokerage assets       | <u>70,970,414</u>              | <u>63,686,938</u>            |
| <b>Total investments</b>             | <b><u>\$ 1,095,543,962</u></b> | <b><u>\$ 921,402,822</u></b> |

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 6 - Information Certified by the Trustee and Custodian (Continued)

|                                                       | <b>December 31,</b> |              |
|-------------------------------------------------------|---------------------|--------------|
|                                                       | <b>2021</b>         | <b>2020</b>  |
| <b>Other Information Certified by the Trustee</b>     |                     |              |
| Notes receivable from participants                    | \$ 5,625,620        | \$ 5,481,814 |
|                                                       | <b>Year Ended</b>   |              |
|                                                       | <b>December 31,</b> |              |
|                                                       | <b>2021</b>         |              |
| <b>Other</b>                                          |                     |              |
| Net appreciation in fair value of investments         | \$ 130,942,812      |              |
| Interest and dividend income                          | 33,768,327          |              |
| Revenue credit account additions                      | 440,402             |              |
| Interest income on notes receivable from participants | 234,329             |              |

In addition, the Schedule of Assets (Held at End of Year) was certified by the trustee and custodian.

### Note 7 - Fair Value of Investments in Entities That Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively.

| <b>Investments</b>                       | <b>Fair Value*</b> | <b>Fair Value*</b> | <b>Unfunded</b>    | <b>Redemption</b> | <b>Redemption</b>    |
|------------------------------------------|--------------------|--------------------|--------------------|-------------------|----------------------|
|                                          | <b>12/31/2021</b>  | <b>12/31/2020</b>  | <b>Commitments</b> | <b>Frequency</b>  | <b>Notice Period</b> |
| Stable value common/<br>collective trust | \$ 20,047,671      | \$ 27,167,933      | \$ -               | Daily             | 30 Days              |

\* See Note 3 for the description of the stable value common/collective trust.

### Note 8 - Related-Party Transactions and Exempt Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee and custodian of the Plan and, therefore, these transactions are considered exempt party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. For the year ended December 31, 2021, \$408,765 was paid by the Plan for vendor and administrative services. For the year ended December 31, 2021, \$440,402 of revenue credits were received from Fidelity.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 9 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

### Note 10 - Tax Status

The Plan has adopted a Fidelity plan document using a standardized prototype adoption agreement, which received a favorable opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter; however, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Note 11 - Reconciliation of Financial Statements to Form 5500

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

|                                                                                           | 2021                           | 2020                         |
|-------------------------------------------------------------------------------------------|--------------------------------|------------------------------|
| Net assets available for benefits per the financial statements                            | \$ 1,102,248,326               | \$ 927,892,921               |
| Employer matching contribution reported on financial statements not reported on Form 5500 | <u>(1,078,744)</u>             | <u>(1,008,285)</u>           |
| <b>Net assets available for benefits per Form 5500</b>                                    | <b><u>\$ 1,101,169,582</u></b> | <b><u>\$ 926,884,636</u></b> |

## AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

### *Notes to Financial Statements*

#### **Note 11 - Reconciliation of Financial Statements to Form 5500 (Continued)**

For the year ended December 31, 2021, the following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per Form 5500:

|                                                                                                        |                              |
|--------------------------------------------------------------------------------------------------------|------------------------------|
| Net increase in net assets available for benefits per the financial statements                         | \$ 174,355,405               |
| Employer matching contribution reported on financial statements in 2020, reported on Form 5500 in 2021 | 1,008,285                    |
| Accounts receivable for Employer matching contribution in 2021 not reported on Form 5500               | <u>(1,078,744)</u>           |
| <b>Net income per Form 5500</b>                                                                        | <b><u>\$ 174,284,946</u></b> |

#### **Note 12 - Delinquent Participant Contributions**

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the Employer's general assets. While the Employer remitted all participant contributions to the Plan, contributions of \$204 were not remitted within the required time period during the year ended December 31, 2021, as reflected in the accompanying Schedule of Delinquent Participant Contributions. The Employer calculated lost earnings which were funded in 2022.

## ***Supplemental Schedules***

**AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

*(E.I.N. 04-3432319 - Plan Number 001)*

**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**

**Year Ended December 31, 2021**

| <b>Participant Contributions<br/>Transferred Late to Plan</b>             |   | <b>Total That Constitutes Nonexempt Prohibited Transactions</b> |                                                 |                                                     |     | <b>Total Fully Corrected Under<br/>Voluntary Fiduciary<br/>Correction Program (VFCP)<br/>and Prohibited Transaction<br/>Exemption 2002-51</b> |
|---------------------------------------------------------------------------|---|-----------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                           |   | <b>Contributions<br/>Not Corrected</b>                          | <b>Contributions Corrected<br/>Outside VFCP</b> | <b>Contributions Pending<br/>Correction in VFCP</b> |     |                                                                                                                                               |
| <b>Check here if Late<br/>Participant Loan<br/>Payments are Included:</b> |   |                                                                 |                                                 |                                                     |     |                                                                                                                                               |
| 2021                                                                      | ✓ | n/a                                                             | \$                                              | 204                                                 | n/a | n/a                                                                                                                                           |

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

(E.I.N. 04-3432319 - Plan Number 001)

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

December 31, 2021

| (a) | (b)<br>Identity of Issue                          | (c)<br>Description of Investment    | (d)<br>Cost | (e)<br>Value<br>Current |
|-----|---------------------------------------------------|-------------------------------------|-------------|-------------------------|
| *   | Fidelity Growth Company K6 Fund                   | Mutual Fund                         | \$          | 162,991,492             |
| *   | Fidelity 500 Index Fund Institutional Class       | Mutual Fund                         |             | 132,863,250             |
|     | T. Rowe Price Retirement 2045 Fund                | Mutual Fund                         |             | 77,086,439              |
|     | T. Rowe Price Retirement 2040 Fund                | Mutual Fund                         |             | 65,502,334              |
|     | T. Rowe Price Retirement 2050 Fund                | Mutual Fund                         |             | 59,522,303              |
| *   | Fidelity Contrafund K Fund                        | Mutual Fund                         |             | 57,350,809              |
|     | T. Rowe Price Retirement 2035 Fund                | Mutual Fund                         |             | 47,895,542              |
|     | T. Rowe Price Retirement 2030 Fund                | Mutual Fund                         |             | 35,711,536              |
|     | T. Rowe Price Retirement 2055 Fund                | Mutual Fund                         |             | 35,324,599              |
|     | Baron Growth Institutional Fund                   | Mutual Fund                         |             | 28,660,394              |
|     | T. Rowe Price Retirement 2055 Fund                | Mutual Fund                         |             | 27,175,630              |
| *   | Fidelity Small Cap Index Institutional            | Mutual Fund                         |             | 26,144,598              |
| *   | Fidelity Diversified International K Fund         | Mutual Fund                         |             | 25,661,322              |
| *   | Fidelity Mid Cap Index Fund Institutional Class   | Mutual Fund                         |             | 23,289,562              |
| *   | Fidelity Mid-Cap Stock K6 Fund                    | Mutual Fund                         |             | 19,745,636              |
| *   | Fidelity U.S. Bond Index Fund Investor Class      | Mutual Fund                         |             | 18,804,904              |
| *   | Fidelity Global ex U.S. Index Fund Premium Class  | Mutual Fund                         |             | 17,744,595              |
| *   | Fidelity Low-Priced Stock K Fund                  | Mutual Fund                         |             | 16,076,936              |
|     | T. Rowe Price Institutional Large Cap Value Fund  | Mutual Fund                         |             | 14,450,197              |
|     | JPMorgan Mid Cap Value Fund Sel                   | Mutual Fund                         |             | 13,247,861              |
|     | PIMCO Total Return Fund Institutional Class       | Mutual Fund                         |             | 13,115,243              |
| *   | Fidelity Capital & Income Fund                    | Mutual Fund                         |             | 12,139,942              |
|     | T. Rowe Price Retirement 2020 Fund                | Mutual Fund                         |             | 10,924,380              |
| *   | Fidelity Puritan K Fund                           | Mutual Fund                         |             | 9,652,244               |
|     | Invesco Developing Markets R6                     | Mutual Fund                         |             | 9,096,843               |
|     | American Beacon Small Cap Value Fund              | Mutual Fund                         |             | 8,697,897               |
|     | T. Rowe Price Retirement 2060 Fund                | Mutual Fund                         |             | 7,760,380               |
|     | Vanguard International Value Fund Investor Shares | Mutual Fund                         |             | 6,079,908               |
|     | Cohen & Steers Global Realty Fund                 | Mutual Fund                         |             | 5,008,878               |
|     | Aggressive Allocation                             | Mutual Fund                         |             | 4,474,328               |
| *   | Fidelity Real Estate Index Fund Premium Class     | Mutual Fund                         |             | 4,085,974               |
|     | PIMCO Real Return Inst Fund                       | Mutual Fund                         |             | 3,971,892               |
|     | Invesco International Bond Fund Class R6          | Mutual Fund                         |             | 1,887,290               |
|     | T. Rowe Price Retirement 2015 Fund                | Mutual Fund                         |             | 994,814                 |
|     | Moderate Allocation                               | Mutual Fund                         |             | 927,348                 |
| *   | Fidelity Money Market Trust Retirement Government | Mutual Fund                         |             | 458,577                 |
| **  | Self-Directed Brokerage Assets                    | Self-Directed Brokerage Assets      |             | 70,970,414              |
|     | Morley Stable Value Fund                          | Common/Collective Trust             |             | 20,047,671              |
| *   | Participant Loans                                 | Loans (Interest Rate 3.25% - 5.50%) | 0           | 5,625,620               |
|     |                                                   |                                     |             | \$ 1,101,169,582        |

\* Indicates party-in-interest to the Plan as defined by ERISA.

\*\* Includes \$16,788,784 of cash reserves and mutual funds considered party-in-interest to the Plan as defined by ERISA.



**Financial Statements  
and Supplemental Schedules**

**Akamai Technologies, Inc.  
401(k) Plan**

**December 31, 2021 and 2020**



# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## *Financial Statements and Supplemental Schedules*

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#### ***Supplemental Schedules (2021 only):***

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## *Independent Auditors' Report*

The Plan Administrator  
Akamai Technologies, Inc. 401(k) Plan  
Cambridge, Massachusetts

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed the audit of the financial statements of the Akamai Technologies, Inc. 401(k) Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the 2021 Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or available to be issued.

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

### ***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.



In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules (1) Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 and (2) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion:

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

***Other Matter - Auditors' Report on the 2020 Financial Statements***

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institution. In our report dated July 20, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Mayer Hoffman McCann P.C.*

Boston, Massachusetts  
August 29, 2022

**AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**  
**Statements of Net Assets Available for Benefits**

|                                          | <b>December 31,</b>            |                              |
|------------------------------------------|--------------------------------|------------------------------|
|                                          | <b>2021</b>                    | <b>2020</b>                  |
| <b>Assets</b>                            |                                |                              |
| Investments at fair value                | \$ <u>1,095,543,962</u>        | \$ <u>921,402,822</u>        |
| Receivables:                             |                                |                              |
| Notes receivable from participants       | 5,625,620                      | 5,481,814                    |
| Employer's matching contributions        | <u>1,078,744</u>               | <u>1,008,285</u>             |
| <b>Total receivables</b>                 | <u><b>6,704,364</b></u>        | <u><b>6,490,099</b></u>      |
| <b>Net assets available for benefits</b> | <u><b>\$ 1,102,248,326</b></u> | <u><b>\$ 927,892,921</b></u> |

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

### Additions to net assets attributed to:

#### Investment income:

|                                               |                   |
|-----------------------------------------------|-------------------|
| Net appreciation in fair value of investments | \$ 130,942,812    |
| Interest and dividends                        | <u>33,768,327</u> |

|                         |                    |
|-------------------------|--------------------|
| Total investment income | <u>164,711,139</u> |
|-------------------------|--------------------|

|                                  |                |
|----------------------------------|----------------|
| Revenue credit account additions | <u>440,402</u> |
|----------------------------------|----------------|

|                                                       |                |
|-------------------------------------------------------|----------------|
| Interest income on notes receivable from participants | <u>234,329</u> |
|-------------------------------------------------------|----------------|

#### Contributions:

|                                 |                   |
|---------------------------------|-------------------|
| Participant deferrals           | 60,023,768        |
| Employer matching contributions | 17,801,203        |
| Rollovers                       | <u>11,484,154</u> |

|                     |                   |
|---------------------|-------------------|
| Total contributions | <u>89,309,125</u> |
|---------------------|-------------------|

|                                      |                           |
|--------------------------------------|---------------------------|
| <b>Total additions to net assets</b> | <b><u>254,694,995</u></b> |
|--------------------------------------|---------------------------|

### Deductions from net assets attributed to:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 79,930,825     |
| Administrative expenses       | <u>408,765</u> |

|                                         |                          |
|-----------------------------------------|--------------------------|
| <b>Total deductions from net assets</b> | <b><u>80,339,590</u></b> |
|-----------------------------------------|--------------------------|

|                                                          |                    |
|----------------------------------------------------------|--------------------|
| <b>Net increase in net assets available for benefits</b> | <b>174,355,405</b> |
|----------------------------------------------------------|--------------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| Net assets available for benefits, beginning of year | <u>927,892,921</u> |
|------------------------------------------------------|--------------------|

|                                                       |                                       |
|-------------------------------------------------------|---------------------------------------|
| <b>Net assets available for benefits, end of year</b> | <b>\$ <u><u>1,102,248,326</u></u></b> |
|-------------------------------------------------------|---------------------------------------|

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan***

The following description of the Akamai Technologies, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

#### ***General***

The Plan is a defined contribution plan sponsored by Akamai Technologies, Inc. (the “Employer”) covering all employees who have met certain eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Substantially all of the investments are participant directed.

#### ***Eligibility***

All employees are eligible to participate immediately in the Plan, regardless of age, with the exception of those covered by a collective bargaining agreement, certain leased employees, independent contractors not entitled to benefits under the Plan, certain nonresident aliens and employees who are residents of Puerto Rico.

#### ***Participant Contributions***

The Plan allows participants to contribute up to 80% of eligible annual compensation in a calendar year. Newly eligible employees are automatically enrolled in the Plan at an initial 8% deferral unless they affirmatively elect otherwise. Subsequent year contributions are increased 1% per year to a maximum of 10%. The Plan allows for rehired employees to be eligible for automatic enrollment. Participants may also contribute amounts representing eligible rollover distributions from other qualified plans (“rollovers”). Participants who reached the age of 50 before the end of the Plan year are eligible to make additional catch-up contributions.

#### ***Employer Contributions***

Each Plan year, the Employer, at its sole discretion, may make matching contributions to the Plan. For the Plan year ended December 31, 2021, the Employer’s matching contribution was 50% of the Participants’ elective deferrals up to the annual contribution limit on the first 8% of eligible compensation deferred by each participant, subject to an annual maximum matching contribution of \$6,000 per participant.

Each Plan year, the Employer, at its sole discretion, may make non-elective Employer contributions to the Plan. Allocations are made to participants, as defined in the Plan. To be eligible, a participant must be either employed as of the last day of the Plan year or have terminated during the year after attaining the normal retirement age, as defined, or due to death or disability. There were no non-elective Employer contributions made to the Plan during the Plan year ended December 31, 2021.

The Employer may make additional qualified matching contributions to non-highly compensated participants, as defined in the Plan, in the event the Plan does not pass non-discrimination testing. For the year ended December 31, 2021, it was not necessary to make this contribution.

Participant and Employer contributions are subject to Internal Revenue Service (“IRS”) limitations.

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Participant Accounts***

Each participant's account is credited with the participant's contribution, any discretionary Employer contributions and Plan earnings and is charged with administrative fees. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balances. The Plan allocates amounts held in the revenue credit account after paying Plan expenses to participants based on participant balances.

#### ***Vesting***

Participants are vested immediately in their deferral, Employer matching, and rollover contributions adjusted for actual earnings or losses thereon.

#### ***Forfeitures***

Upon termination of service, any non-vested portion of the account will be forfeited as of the date on which the participant has five consecutive one-year breaks in service. Any forfeited amounts will be restored to a participant's account if re-employed by the Employer before incurring five consecutive one-year breaks in service or if, after the participant received a distribution of the vested account, the participant repays the full amount of the distribution before the end of the five-year period. Such forfeitures are used to pay the Plan's administrative expenses, if any, and reduce future Employer contributions. Any forfeitures remaining after administrative expenses have been paid shall be applied to reduce any discretionary Employer contributions. At December 31, 2021 and 2020, the forfeiture balances were \$451 and \$0, respectively. During the year ended December 31, 2021, the Plan utilized \$3,060 from the forfeiture account to offset a portion of the Employer matching contributions.

#### ***Withdrawals and Distributions***

Upon normal retirement (presently age 60), disability, retirement, death or termination, the participant or beneficiary, in conjunction with terms of the Plan, may elect to receive a lump-sum amount equal to the value of the funds allocated to the participant account. In lieu of a lump-sum payment, the participant or beneficiary may elect to receive installment payments. The Plan also allows for partial payments. In-service withdrawals from the participant's account are permitted upon reaching age 59½, as defined. In-service withdrawals are also permitted from the participant's rollover account at any time or during Qualified Military Service, as defined. If a participant's vested interest in their account is less than \$1,000, it shall be distributed in a lump sum as soon as practical as determined by the Plan administrator.

The Plan allows for hardship withdrawals to meet a participant's immediate and heavy financial needs, as defined. Participants may take a hardship withdrawal from only their deferral account. The minimum hardship withdrawal is \$500.

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 1 - Description of the Plan (Continued)***

#### ***Withdrawals and Distributions (Continued)***

The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was passed by the U.S. Senate on March 26, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons include the participant, spouse or dependent diagnosed with COVID-19, adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The special coronavirus-related distributions waive the 10% early withdrawal penalty and were allowed to be made between January 1, 2020 and December 31, 2020.

#### ***Notes Receivable from Participants***

In accordance with the Plan document, participants may borrow a minimum loan amount of \$1,000 up to the lesser of \$50,000 or 50% of their vested interest in the account. A participant may have only one loan outstanding at any time. The maximum term of such loans is five years except for loans related to the purchase of a primary residence, in which case the loan repayment period may not extend beyond 10 years from the date of the loan. Loans are secured by the balance in the participant's vested account and bear interest at the prevailing rate charged for similar loans. Principal and interest are paid ratably through payroll deductions for active participants, and terminated participants are able to make payments after termination of employment.

Under the CARES Act, the available loan limit was increased to \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020 and, if applicable, extends the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

### ***Note 2 - Summary of Significant Accounting Policies***

#### ***Basis of Presentation***

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

#### ***Investments, 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 administrator determines the Plan's valuation policies utilizing information provided by the trustee and custodian.

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 Plan year.

# **AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

## ***Notes to Financial Statements***

### ***Note 2 - Summary of Significant Accounting Policies (Continued)***

#### ***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, 2021 and 2020.

#### ***Unit Values***

Individual participant accounts for the stable value common/collective trust are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the trust, but do have an interest therein represented by units which are valued daily. The trust earns dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from the trust are converted to units by dividing the amounts of such transactions by the unit value as last determined, and the participants' accounts are charged or credited with the number of units attributable to each participant.

#### ***Benefits Paid***

Benefits are recorded when paid.

#### ***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 assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

#### ***Subsequent Events***

The Employer has evaluated subsequent events through August 29, 2022, the date that the financial statements were available to be issued. No significant matters were identified for disclosure during the evaluation.

### ***Note 3 - 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) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## ***Notes to Financial Statements***

### ***Note 3 - Fair Value Measurements (Continued)***

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in similar markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- 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 inputs for the asset or liability.

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

*Mutual funds and money market fund:* 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.

*Exchange traded funds (included in Self-directed brokerage):* Valued at the NAV of shares held by the Plan at year end, as quoted in the active market, and are classified within Level 1 of the valuation hierarchy.

*Stable value common/collective trust:* A stable value fund that is composed primarily of indirect fully benefit-responsive investment contracts is valued at the NAV of units of the bank collective trust. The NAV, as provided by the trustee, 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 liabilities. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

*Common stocks (included in Self-directed brokerage):* Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 3 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| Description                                          | Assets at Fair Value as of December 31, 2021 |                    |                    |                                |
|------------------------------------------------------|----------------------------------------------|--------------------|--------------------|--------------------------------|
|                                                      | Level 1                                      | Level 2            | Level 3            | Total                          |
| Mutual funds                                         | \$ 1,004,525,877                             | \$ -               | \$ -               | \$ 1,004,525,877               |
| Self-directed brokerage assets:                      |                                              |                    |                    |                                |
| Common stock                                         | 32,911,835                                   | -                  | -                  | 32,911,835                     |
| Mutual funds                                         | 12,678,989                                   | -                  | -                  | 12,678,989                     |
| Exchange traded funds                                | 14,190,338                                   | -                  | -                  | 14,190,338                     |
| Money market fund                                    | <u>11,189,252</u>                            | <u>-</u>           | <u>-</u>           | <u>11,189,252</u>              |
| <b>Total investments in the fair value hierarchy</b> | <b>\$ <u>1,075,496,291</u></b>               | <b>\$ <u>-</u></b> | <b>\$ <u>-</u></b> | <b>\$ <u>1,075,496,291</u></b> |
| Investments measured at NAV practical expedient (a)  |                                              |                    |                    | <u>20,047,671</u>              |
| <b>Total investments at fair value</b>               |                                              |                    |                    | <b>\$ <u>1,095,543,962</u></b> |

| Description                                          | Assets at Fair Value as of December 31, 2020 |                    |                    |                              |
|------------------------------------------------------|----------------------------------------------|--------------------|--------------------|------------------------------|
|                                                      | Level 1                                      | Level 2            | Level 3            | Total                        |
| Mutual funds                                         | \$ 830,547,951                               | \$ -               | \$ -               | \$ 830,547,951               |
| Self-directed brokerage assets:                      |                                              |                    |                    |                              |
| Common stock                                         | 28,555,633                                   | -                  | -                  | 28,555,633                   |
| Mutual funds                                         | 11,582,119                                   | -                  | -                  | 11,582,119                   |
| Exchange traded funds                                | 10,189,108                                   | -                  | -                  | 10,189,108                   |
| Money market fund                                    | <u>13,360,078</u>                            | <u>-</u>           | <u>-</u>           | <u>13,360,078</u>            |
| <b>Total investments in the fair value hierarchy</b> | <b>\$ <u>894,234,889</u></b>                 | <b>\$ <u>-</u></b> | <b>\$ <u>-</u></b> | <b>\$ <u>894,234,889</u></b> |
| Investments measured at NAV practical expedient (a)  |                                              |                    |                    | <u>27,167,933</u>            |
| <b>Total investments at fair value</b>               |                                              |                    |                    | <b>\$ <u>921,402,822</u></b> |

- (a) In accordance with Subtopic 820-10, certain investments that were measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 4 - Administrative Expenses

The Plan's expenses related to the administration of notes receivable from participants are allocated to the participants with the exception of certain administration fees which are paid by the Employer. Fees are paid through revenue sharing, rather than a direct payment.

### Note 5 - Risks and Uncertainties

The Plan provides for various investment options in registered investment companies, self-directed funds and a stable value common/collective trust which hold investment securities. Market risks include global events such as pandemic or international conflict which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

### Note 6 - Information Certified by the Trustee and Custodian

Plan investments are held primarily in mutual fund accounts, a stable value common/collective trust, and self-directed brokerage accounts by the Plan's trustee and custodian, Fidelity Management Trust Company ("Fidelity"). The investments held under the self-directed brokerage account are mutual funds, common stock, non-interest bearing cash account and money market mutual funds. The fair value of investments as of December 31, 2021 and 2020, and all investment transactions for the year ended December 31, 2021, including interest and dividends and net appreciation in fair value of investments are certified as complete and accurate and reported to the Plan by the trustee. Information contained in the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is also certified by Fidelity. Participants may direct their contributions as well as Employer contributions to any of several investment options.

The following is a summary of the information certified by Fidelity Management Trust Company, the trustee and custodian, as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

|                                      | <b>December 31,</b>            |                              |
|--------------------------------------|--------------------------------|------------------------------|
|                                      | <b>2021</b>                    | <b>2020</b>                  |
| <b>Investments at Fair Value</b>     |                                |                              |
| Mutual funds                         | \$ 1,004,525,877               | \$ 830,547,951               |
| Stable value common/collective trust | 20,047,671                     | 27,167,933                   |
| Self-directed brokerage assets       | <u>70,970,414</u>              | <u>63,686,938</u>            |
| <b>Total investments</b>             | <b><u>\$ 1,095,543,962</u></b> | <b><u>\$ 921,402,822</u></b> |

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 6 - Information Certified by the Trustee and Custodian (Continued)

|                                                       | <b>December 31,</b> |              |
|-------------------------------------------------------|---------------------|--------------|
|                                                       | <b>2021</b>         | <b>2020</b>  |
| <b>Other Information Certified by the Trustee</b>     |                     |              |
| Notes receivable from participants                    | \$ 5,625,620        | \$ 5,481,814 |
|                                                       | <b>Year Ended</b>   |              |
|                                                       | <b>December 31,</b> |              |
|                                                       | <b>2021</b>         |              |
| <b>Other</b>                                          |                     |              |
| Net appreciation in fair value of investments         | \$ 130,942,812      |              |
| Interest and dividend income                          | 33,768,327          |              |
| Revenue credit account additions                      | 440,402             |              |
| Interest income on notes receivable from participants | 234,329             |              |

In addition, the Schedule of Assets (Held at End of Year) was certified by the trustee and custodian.

### Note 7 - Fair Value of Investments in Entities That Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively.

| <b>Investments</b>                       | <b>Fair Value*</b> | <b>Fair Value*</b> | <b>Unfunded</b>    | <b>Redemption</b> | <b>Redemption</b>    |
|------------------------------------------|--------------------|--------------------|--------------------|-------------------|----------------------|
|                                          | <b>12/31/2021</b>  | <b>12/31/2020</b>  | <b>Commitments</b> | <b>Frequency</b>  | <b>Notice Period</b> |
| Stable value common/<br>collective trust | \$ 20,047,671      | \$ 27,167,933      | \$ -               | Daily             | 30 Days              |

\* See Note 3 for the description of the stable value common/collective trust.

### Note 8 - Related-Party Transactions and Exempt Party-In-Interest Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee and custodian of the Plan and, therefore, these transactions are considered exempt party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. For the year ended December 31, 2021, \$408,765 was paid by the Plan for vendor and administrative services. For the year ended December 31, 2021, \$440,402 of revenue credits were received from Fidelity.

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

## Notes to Financial Statements

### Note 9 - Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Employer may determine.

### Note 10 - Tax Status

The Plan has adopted a Fidelity plan document using a standardized prototype adoption agreement, which received a favorable opinion letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter; however, the Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Note 11 - Reconciliation of Financial Statements to Form 5500

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

|                                                                                           | 2021                           | 2020                         |
|-------------------------------------------------------------------------------------------|--------------------------------|------------------------------|
| Net assets available for benefits per the financial statements                            | \$ 1,102,248,326               | \$ 927,892,921               |
| Employer matching contribution reported on financial statements not reported on Form 5500 | <u>(1,078,744)</u>             | <u>(1,008,285)</u>           |
| <b>Net assets available for benefits per Form 5500</b>                                    | <b><u>\$ 1,101,169,582</u></b> | <b><u>\$ 926,884,636</u></b> |

## AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

### *Notes to Financial Statements*

#### **Note 11 - Reconciliation of Financial Statements to Form 5500 (Continued)**

For the year ended December 31, 2021, the following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per Form 5500:

|                                                                                                        |                              |
|--------------------------------------------------------------------------------------------------------|------------------------------|
| Net increase in net assets available for benefits per the financial statements                         | \$ 174,355,405               |
| Employer matching contribution reported on financial statements in 2020, reported on Form 5500 in 2021 | 1,008,285                    |
| Accounts receivable for Employer matching contribution in 2021 not reported on Form 5500               | <u>(1,078,744)</u>           |
| <b>Net income per Form 5500</b>                                                                        | <b><u>\$ 174,284,946</u></b> |

#### **Note 12 - Delinquent Participant Contributions**

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the Employer's general assets. While the Employer remitted all participant contributions to the Plan, contributions of \$204 were not remitted within the required time period during the year ended December 31, 2021, as reflected in the accompanying Schedule of Delinquent Participant Contributions. The Employer calculated lost earnings which were funded in 2022.

## ***Supplemental Schedules***

**AKAMAI TECHNOLOGIES, INC. 401(k) PLAN**

*(E.I.N. 04-3432319 - Plan Number 001)*

**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**

**Year Ended December 31, 2021**

| <b>Participant Contributions<br/>Transferred Late to Plan</b>             |   | <b>Total That Constitutes Nonexempt Prohibited Transactions</b> |                                                 |                                                     |     | <b>Total Fully Corrected Under<br/>Voluntary Fiduciary<br/>Correction Program (VFCP)<br/>and Prohibited Transaction<br/>Exemption 2002-51</b> |
|---------------------------------------------------------------------------|---|-----------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                           |   | <b>Contributions<br/>Not Corrected</b>                          | <b>Contributions Corrected<br/>Outside VFCP</b> | <b>Contributions Pending<br/>Correction in VFCP</b> |     |                                                                                                                                               |
| <b>Check here if Late<br/>Participant Loan<br/>Payments are Included:</b> |   |                                                                 |                                                 |                                                     |     |                                                                                                                                               |
| 2021                                                                      | ✓ | n/a                                                             | \$                                              | 204                                                 | n/a | n/a                                                                                                                                           |

# AKAMAI TECHNOLOGIES, INC. 401(k) PLAN

(E.I.N. 04-3432319 - Plan Number 001)

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

December 31, 2021

| (a) | (b)<br>Identity of Issue                          | (c)<br>Description of Investment    | (d)<br>Cost | (e)<br>Value<br>Current |
|-----|---------------------------------------------------|-------------------------------------|-------------|-------------------------|
| *   | Fidelity Growth Company K6 Fund                   | Mutual Fund                         | \$          | 162,991,492             |
| *   | Fidelity 500 Index Fund Institutional Class       | Mutual Fund                         |             | 132,863,250             |
|     | T. Rowe Price Retirement 2045 Fund                | Mutual Fund                         |             | 77,086,439              |
|     | T. Rowe Price Retirement 2040 Fund                | Mutual Fund                         |             | 65,502,334              |
|     | T. Rowe Price Retirement 2050 Fund                | Mutual Fund                         |             | 59,522,303              |
| *   | Fidelity Contrafund K Fund                        | Mutual Fund                         |             | 57,350,809              |
|     | T. Rowe Price Retirement 2035 Fund                | Mutual Fund                         |             | 47,895,542              |
|     | T. Rowe Price Retirement 2030 Fund                | Mutual Fund                         |             | 35,711,536              |
|     | T. Rowe Price Retirement 2055 Fund                | Mutual Fund                         |             | 35,324,599              |
|     | Baron Growth Institutional Fund                   | Mutual Fund                         |             | 28,660,394              |
|     | T. Rowe Price Retirement 2055 Fund                | Mutual Fund                         |             | 27,175,630              |
| *   | Fidelity Small Cap Index Institutional            | Mutual Fund                         |             | 26,144,598              |
| *   | Fidelity Diversified International K Fund         | Mutual Fund                         |             | 25,661,322              |
| *   | Fidelity Mid Cap Index Fund Institutional Class   | Mutual Fund                         |             | 23,289,562              |
| *   | Fidelity Mid-Cap Stock K6 Fund                    | Mutual Fund                         |             | 19,745,636              |
| *   | Fidelity U.S. Bond Index Fund Investor Class      | Mutual Fund                         |             | 18,804,904              |
| *   | Fidelity Global ex U.S. Index Fund Premium Class  | Mutual Fund                         |             | 17,744,595              |
| *   | Fidelity Low-Priced Stock K Fund                  | Mutual Fund                         |             | 16,076,936              |
|     | T. Rowe Price Institutional Large Cap Value Fund  | Mutual Fund                         |             | 14,450,197              |
|     | JPMorgan Mid Cap Value Fund Sel                   | Mutual Fund                         |             | 13,247,861              |
|     | PIMCO Total Return Fund Institutional Class       | Mutual Fund                         |             | 13,115,243              |
| *   | Fidelity Capital & Income Fund                    | Mutual Fund                         |             | 12,139,942              |
|     | T. Rowe Price Retirement 2020 Fund                | Mutual Fund                         |             | 10,924,380              |
| *   | Fidelity Puritan K Fund                           | Mutual Fund                         |             | 9,652,244               |
|     | Invesco Developing Markets R6                     | Mutual Fund                         |             | 9,096,843               |
|     | American Beacon Small Cap Value Fund              | Mutual Fund                         |             | 8,697,897               |
|     | T. Rowe Price Retirement 2060 Fund                | Mutual Fund                         |             | 7,760,380               |
|     | Vanguard International Value Fund Investor Shares | Mutual Fund                         |             | 6,079,908               |
|     | Cohen & Steers Global Realty Fund                 | Mutual Fund                         |             | 5,008,878               |
|     | Aggressive Allocation                             | Mutual Fund                         |             | 4,474,328               |
| *   | Fidelity Real Estate Index Fund Premium Class     | Mutual Fund                         |             | 4,085,974               |
|     | PIMCO Real Return Inst Fund                       | Mutual Fund                         |             | 3,971,892               |
|     | Invesco International Bond Fund Class R6          | Mutual Fund                         |             | 1,887,290               |
|     | T. Rowe Price Retirement 2015 Fund                | Mutual Fund                         |             | 994,814                 |
|     | Moderate Allocation                               | Mutual Fund                         |             | 927,348                 |
| *   | Fidelity Money Market Trust Retirement Government | Mutual Fund                         |             | 458,577                 |
| **  | Self-Directed Brokerage Assets                    | Self-Directed Brokerage Assets      |             | 70,970,414              |
|     | Morley Stable Value Fund                          | Common/Collective Trust             |             | 20,047,671              |
| *   | Participant Loans                                 | Loans (Interest Rate 3.25% - 5.50%) | 0           | 5,625,620               |
|     |                                                   |                                     |             | <b>\$ 1,101,169,582</b> |

\* Indicates party-in-interest to the Plan as defined by ERISA.

\*\* Includes \$16,788,784 of cash reserves and mutual funds considered party-in-interest to the Plan as defined by ERISA.