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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>ZOOM VIDEO COMMUNICATIONS, INC. 401K PROFIT SHARING PLAN TRUST</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>01/01/2012</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>61-1648780</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>408-250-9286</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>541990</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>01/01/2012</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>61-1648780</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>408-250-9286</u> |  | <b>2d</b> Business code (see instructions)<br><u>541990</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                      | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2012</u>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>61-1648780</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>408-250-9286</u>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541990</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>ZOOM VIDEO COMMUNICATIONS, INC.</u><br><br><u>55 ALMADEN BLVD. SUITE 600</u><br><u>SAN JOSE, CA 95113</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. | 10/17/2022 | NATASHA SHEPHERD                                             |
|                  | 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2674 |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2536 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3902 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 232  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4134 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4134 |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3837 |
| <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 2S 2T 3D 2R                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <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>ZOOM VIDEO COMMUNICATIONS, INC. 401K PROFIT SHARING PLAN TRUST                                                                                                                             | <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>ZOOM VIDEO COMMUNICATIONS, INC.                                                                                                                    | <b>D</b> Employer Identification Number (EIN)<br>61-1648780                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <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 |
|-------------------------------------------------------------------------------------------------------------------|

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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>(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)

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                                                                                      | 254227                                                                 | 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)

MJM401K INC

86-0882983

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 30000                                                                  | 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)

| (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"/>                                     |

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

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

| (b)<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"/>                                     |

(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. |                                           |
| BAIRD AGGR BOND INST - US BANCORP<br><br>39-0281260                            | 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. |                                           |
| EDGEWOOD GROWTH FUND INSTL CL      1 FREEDOM VALLEY DRIVE<br>OAKS, PA 19456    | 0.12%                                                                                                                                                              |                                           |
| (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. |                                           |
| SPYGLASS GROWTH FUND INSTL      ONE LETTERMAN DRIVE<br>SAN FRANCISCO, CA 94129 | 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. |                                           |
| MORGAN STANLEY INTL ADVANTAGE CL I 522 FIFTH AVENUE 4TH FLOOR<br>NEW YORK, NY 10036 | 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 |
|                                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<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:



**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 <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>ZOOM VIDEO COMMUNICATIONS, INC. 401K PROFIT SHARING PLAN TRUST</u>           | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ZOOM VIDEO COMMUNICATIONS, INC.</u>  | <b>D</b> Employer Identification Number (EIN)<br><u>61-1648780</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <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>       | 0                     | 4963            |
| <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>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 879361                | 1524452         |
| <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> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 1326                  | 200809          |
| <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>    | 373348                | 1021510         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 160685                | 278722          |
| <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>   | 63103252              | 135620753       |
| <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>   | 0                     | 0               |

| <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>    | 64517972              | 138651209       |

**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> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |           |
|-----------------------------------------------------------|-----------|----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 64517972 | 138651209 |
|-----------------------------------------------------------|-----------|----------|-----------|

**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> | 4201       |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 38837373   |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 27849211   |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 66690785  |
| (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> | 7178       |           |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 35233      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 42411     |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 99         |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 3272146    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 3272245   |
| (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> | 278247     |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 286037     |           |
| <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> | -8729      |           |
| <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> |            | -8729     |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 2857      |
| (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) |            | 10545684  |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 80537463  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 5989357    |           |
| (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)  |            | 5989357   |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 122694    |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 8089      |
| 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)  | 284086     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 284086    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 6404226   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 74133237  |
| 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: HOOD & STRONG, LLP

(2) EIN: 94-1254756

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   |    | 12252562 |

|                                                                                                                                                                                                                                                                                                                  | 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   |    | 500000 |
| <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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<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</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>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

|                                                                                                  |                                                             |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>ZOOM VIDEO COMMUNICATIONS, INC. 401K PROFIT SHARING PLAN TRUST          | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ZOOM VIDEO COMMUNICATIONS, INC. | <b>D</b> Employer Identification Number (EIN)<br>61-1648780 |

|               |                      |
|---------------|----------------------|
| <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): 04-6568107 |          |
| 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 \_\_\_\_\_

**ZOOM VIDEO COMMUNICATIONS, INC.  
401K PROFIT SHARING PLAN TRUST**

**DECEMBER 31, 2021 AND 2020**

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INDEPENDENT AUDITORS' REPORT,  
FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

PLAN SPONSOR: ZOOM VIDEO COMMUNICATIONS, INC.  
PLAN SPONSOR EIN: 61-1648780  
PLAN NUMBER: 001

**Zoom Video Communications, Inc.  
401k Profit Sharing Plan Trust**

**Independent Auditors' Report  
Financial Statements and Supplemental Schedules**

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|                                     |              |
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**Financial Statements**

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**Supplemental Schedules**

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## **Independent Auditors' Report**

THE BOARD OF TRUSTEES  
ZOOM VIDEO COMMUNICATIONS, INC.  
401K PROFIT SHARING PLAN TRUST  
San Jose, California

### **Report on the Financial Statements**

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

We have performed an audit of the financial statements of **ZOOM VIDEO COMMUNICATIONS, INC. 401K PROFIT SHARING PLAN TRUST (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 statement 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 (2021 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 (DOL) 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 DOL'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 3 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 (U.S. GAAP).

- 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 on the 2021 Financial Statements.

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

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

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

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 of 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 the 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 U.S. GAAP.

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 U.S. GAAP.

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 Matters**

### ***2021 Supplemental Schedules Required by ERISA***

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL'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 its form and content, are presented in conformity with the DOL'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 DOL'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).

### **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 DOL'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 a qualified institution. In our report dated October 13, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Hood & Strong LLP". The signature is written in a cursive, flowing style.

San Francisco, California  
October 17, 2022

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Statement of Net Assets Available for Benefits**

| <b>172</b>                               |                       |                      |
|------------------------------------------|-----------------------|----------------------|
| <i>December 31,</i>                      | 2021                  | 2020                 |
| <b>Assets:</b>                           |                       |                      |
| Investments, at fair value               | \$ 137,629,699        | \$ 64,144,624        |
| Receivables:                             |                       |                      |
| Employee contribution                    | 1,147,000             | 855,551              |
| Notes receivable from participants       | 1,021,510             | 373,348              |
| Total receivables                        | 2,168,510             | 1,228,899            |
| Total assets                             | 139,798,209           | 65,373,523           |
| <b>Net Assets Available for Benefits</b> | <b>\$ 139,798,209</b> | <b>\$ 65,373,523</b> |

See accompanying notes to the financial statements.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Statement of Changes in Net Assets Available for Benefits**

*Year Ended December 31, 2021*

**Additions to Net Assets Attributed to:**

Contributions:

|             |               |
|-------------|---------------|
| Participant | \$ 39,128,822 |
| Rollover    | 27,849,211    |
| Employer    | 4,201         |

Investment income:

|                                                       |            |
|-------------------------------------------------------|------------|
| Net appreciation in fair value of investments         | 10,530,346 |
| Interest and dividends                                | 3,281,099  |
| Interest income on notes receivable from participants | 35,233     |

|                 |            |
|-----------------|------------|
| Total additions | 80,828,912 |
|-----------------|------------|

**Deductions from Net Assets Attributed to:**

|                               |           |
|-------------------------------|-----------|
| Benefits paid to participants | 6,120,140 |
| Administrative expenses       | 284,086   |

|                  |           |
|------------------|-----------|
| Total deductions | 6,404,226 |
|------------------|-----------|

|              |            |
|--------------|------------|
| Net Increase | 74,424,686 |
|--------------|------------|

**Net Assets Available for Benefits:**

|                   |            |
|-------------------|------------|
| Beginning of year | 65,373,523 |
|-------------------|------------|

|             |                |
|-------------|----------------|
| End of year | \$ 139,798,209 |
|-------------|----------------|

See accompanying notes to the financial statements.

# **Zoom Video Communications, Inc. 401K Profit Sharing Plan Trust**

## **Notes to the Financial Statements**

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

The following description of the Zoom Video Communications, Inc. 401K Profit Sharing Plan Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

a. General

The Plan was established January 1, 2012 by Zoom Video Communications, Inc. (the Sponsor). Effective November 27, 2017, the Plan adopted a volume submitter defined contribution plan sponsored by Fidelity Management & Research Company, an affiliate of Fidelity Management Trust Company. The Plan was designed to provide participants with a means to defer a portion of their compensation for retirement. The Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code (IRC) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective November 16, 2018, the Plan was amended (reversing an earlier amendment effective October 1, 2018) to include bonuses as compensation for the entire 2018 Plan year and thereafter.

Effective February 1, 2020, the Plan was amended to include certain provisions that are incorporated into the Fidelity Basic Plan Document No. 17 and its Adoption Agreement. The amendments consist of revisions to the definition of compensation, continuing eligibility requirements, discretionary matching employer contributions and vesting. The amendment also includes an additional provision addendum which adds additional automatic enrollment and changes to disability provisions.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was enacted and signed into law. The CARES Act provided plan sponsors the ability to offer participants penalty-free distributions up to \$100,000. The CARES Act also temporarily waived required minimum distributions for terminated participants in calendar year 2020. The Sponsor has implemented these provisions and intends to formally execute the required plan amendments reflecting their implementation by the last day of the plan year beginning on or after January 1, 2022.

Effective January 1, 2021, the Plan was amended to reduce the minimum age requirement to 18, exclude interns as eligible participants, and allow participants to enter into special salary reduction agreements with respect to Zoom Incentive Plan bonuses.

Effective June 28, 2021, the Plan was amended and the Fidelity Basic Plan Document No. 17 and its Adoption Agreement was restated to include certain revisions related to continuing eligibility requirements for discretionary matching and nonelective employer contributions and vesting for discretionary matching employer contributions.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

---

Effective October 18, 2021, the Plan was amended and the Fidelity Basic Plan Document No. 17 and its Adoption Agreement was restated to include certain revisions related to eligibility requirements and vesting for discretionary matching employer contributions and definition (exclusion) of compensation.

Effective June 30, 2022, the Plan was amended to include certain revisions related to vesting for nonelective employer contributions.

b. Eligibility

All employees with a minimum age of 18, except those covered by a collective bargaining agreement, nonresident aliens and interns, are eligible to enroll in the Plan immediately after date of hire for employee deferrals. The service requirement for nonelective employer contributions was one year (minimum of 1,000 hours) of eligible service. Effective October 18, 2021, there is no service requirement for nonelective employer contributions. There is no service requirement for discretionary matching employer contributions. Employees must also be employed by the Sponsor on the last day of the Plan year to be eligible for employer contributions, except for employees dying, retiring or becoming disabled during the Plan year. Effective June 28, 2021, there is no requirement for employees to be employed by the Sponsor on the last day of the Plan year to be eligible for employer contributions.

For all newly hired and rehired employees, the Sponsor automatically defers 3% of eligible compensation on a pre-tax basis.

c. Contributions

Participants may elect to contribute annually up to the maximum under Internal Revenue Service regulations of \$19,500 for 2021. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants are also allowed to make Roth deferral contributions and rollover contributions from other tax-qualified, employer-sponsored retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with the participant's directives and the Plan's provisions.

For all newly hired and rehired employees, the Sponsor automatically defers 3% of eligible compensation on a pre-tax basis.

The Sponsor may make discretionary matching employer contributions and nonelective employer contributions to employees that meet the eligibility requirements. The Plan Sponsor did not make any discretionary matching or nonelective employer contributions during the 2021 Plan year.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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d. Payment of Benefits

Upon termination of employment, retirement, total disability, death or reaching age 59 1/2, a participant may elect to receive an amount equal to his or her vested account interest in a lump sum or partial/installment payments. The Plan allows for automatic distributions of the terminated participants' entire vested account balances not exceeding \$5,000. None of the terminated participants at December 31, 2021 and 2020 have requested to withdraw from the Plan as of those dates.

e. Participant Accounts

Each participant's account is credited with the participant's contributions, the participant's qualified rollover contributions, allocation of the employer contributions, if any, an allocation of the Plan earnings or losses based on the ratio of the participant's balance to all participants' account balances, and is charged with an allocation of administrative expenses.

f. Participant Investment Options

Upon enrollment in the Plan, participants are auto enrolled into a target retirement fund based on their age. Participants are allowed to change the allocation of their contributions to any of the investment options offered by the Plan once their account is set up. Participants may change their investment options any time throughout the year (subject to specific limitations placed by certain investment funds) via direct access to Fidelity Management Trust Company.

g. Vesting

Participants vest immediately in their employee contributions, including rollovers of funds from other qualified retirement plans and earnings thereon. The portion of the participants' accounts attributable to the Sponsor's nonelective and discretionary matching contributions become 25% vested after one year of credited service and gradually increases to 100% after 4 years. Effective October 18, 2021, participants vest immediately in the discretionary matching contributions. Participants become fully vested upon the occurrence of death, disability or plan termination in the nonelective employer contributions.

h. Forfeitures

Forfeitures are the nonvested portion of a participant's account that is lost upon termination of employment. Forfeitures are retained in the Plan and may first be used to pay Plan administrative expenses, with any remaining amounts used to reduce future Sponsor contributions. At December 31, 2021 and 2020, forfeited accounts totaled approximately \$12,200 and \$3,300, respectively.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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i. Notes Receivable from Participants

A participant may borrow from the Plan to the extent that such a loan, when added to the outstanding balance of all other loans, would not exceed the lesser of \$50,000 or 50% of the present value of the participant's vested interest in his/her account. The interest rate shall be fixed throughout the duration of the loan at a rate determined by the Administrator. The loans are secured by the remaining balance of the respective participant's account.

j. Plan Trustee

Fidelity Management Trust Company (the Trustee) is the Trustee of the Plan. Substantially all of the Plan's assets are held by the Trustee.

**Note 2 - Significant Accounting Policies:**

a. Basis of Accounting

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

b. Investment Valuation and Income Recognition

Investments of the Plan are managed by the Trustee, with the exception of certain investments in self-directed brokerage accounts, and invested based solely upon instructions received from participants. The Plan's investments are reported at fair value as of the last day of the Plan year. Fair value is the price that would be received to sell assets or paid to transfer liabilities in an orderly transaction between market participants at the measurement date. The Plan's oversight committee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors and the Trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits includes both the unrealized appreciation (depreciation) in the aggregate current value of investments and realized gains and losses on sale of investments bought and sold as well as held during the year.

The market volatility of equity-based investments may substantially impact the value of such investments at any given time. It is likely that the value of the Plan's investments; both in total and in individual participant accounts, has fluctuated since December 31, 2021.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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Management fees and operating expenses charged to the Plan for investments are deducted from the participant's account as a reduction of income and are not separately reflected. Consequently, management fees and operating expenses are reflected as an adjustment to net appreciation (depreciation) in fair value of investments.

c. Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that may affect certain reported amounts of disclosures. Accordingly, actual results could differ from those estimates.

d. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document. The balances as of December 31, 2021 and 2020 were \$1,021,510 and \$373,348, respectively. As of December 31, 2021, the rates of interest on outstanding notes ranged from 4.25% to 6.5% per annum.

e. Benefits to Participants

Benefits to participants are recorded when paid.

f. Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Sponsor. Expenses that are paid by the Sponsor are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

g. Subsequent Events

The Plan Administrator evaluated subsequent events from December 31, 2021 through October 17, 2022, the date these financial statements were available to be issued, and has determined that, except as disclosed in Notes 1a and 9, there were no other material subsequent events that required recognition or additional disclosure in these financial statements.

**Note 3 - Information Certified by Fidelity Management Trust Company (Trustee):**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends income, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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**Note 4 - 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). The three levels of the fair value hierarchy are described below:

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

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

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

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

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

Following is a description of the valuation methodology used for assets measured at fair value and recognized in the accompanying Statement of Net Assets Available for Benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no changes in the methodology used at December 31, 2021 and 2020.

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

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

*Stable value collective trust fund:* A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. 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 liquidation will be carried out in an orderly business manner.

*Self-Directed Brokerage Accounts:* Accounts primarily consist of mutual funds, common stocks, exchange traded funds, and interest-bearing cash that are valued on the basis or readily determinable market prices.

The following table sets 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.

| <b>December 31, 2021</b>                                                                              | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>          |
|-------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|-----------------------|
| Investments:                                                                                          |                |                |                |                       |
| Mutual funds                                                                                          | \$ 135,426,753 | \$ -           | \$ -           | \$ 135,426,753        |
| Self-directed brokerage<br>Accounts                                                                   | 1,924,224      |                |                | 1,924,224             |
| <hr/>                                                                                                 |                |                |                |                       |
| Total investments in the<br>fair value hierarchy                                                      | \$ 137,350,977 | \$ -           | \$ -           | 137,350,977           |
| <hr/>                                                                                                 |                |                |                |                       |
| Investments measured at net<br>asset value (or its equivalent)<br>using the practical<br>expedient(a) |                |                |                | <u>278,722</u>        |
| Investments at fair value                                                                             |                |                |                | <u>\$ 137,629,699</u> |

**Zoom Video Communications, Inc.  
401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

| <b>December 31, 2020</b>        | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
|---------------------------------|----------------|----------------|----------------|----------------------|
| Investments:                    |                |                |                |                      |
| Mutual funds                    | \$ 63,526,705  | \$ -           | \$ -           | \$ 63,526,705        |
| Self-directed brokerage         |                |                |                |                      |
| Accounts                        | 457,234        |                |                | 457,234              |
| <hr/>                           |                |                |                |                      |
| Total investments in the        |                |                |                |                      |
| fair value hierarchy            | \$ 63,983,939  | \$ -           | \$ -           | 63,983,939           |
| <hr/>                           |                |                |                |                      |
| Investments measured at net     |                |                |                |                      |
| asset value (or its equivalent) |                |                |                |                      |
| using the practical             |                |                |                |                      |
| expedient(a)                    |                |                |                | <u>160,685</u>       |
| Investments at fair value       |                |                |                | <u>\$ 64,144,624</u> |

- (a) In accordance with Financial Accounting Standards Board Accounting Standards Codification Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits. There were no unfunded commitments as of December 31, 2021 and 2020.

**Note 5 - Plan Termination:**

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The participants become fully vested upon Plan termination.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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**Note 6 - Tax Status:**

The Plan adopted a volume submitter defined contribution plan sponsored by Fidelity Management & Research Company, an affiliate of the Trustee. The volume submitter plan received a favorable opinion letter, dated June 30, 2020, from the Internal Revenue Service stating that the form of the plan is acceptable under Section 401 of the IRC. This opinion on the acceptability of the form of the plan is not a ruling or determination as to whether the Plan qualified under Code section 401(a). The Plan Administrator believes the Plan has been, and continues to be, designed and operated in compliance with the applicable requirements of the IRC.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

**Note 7 - Risks and Uncertainties:**

The Plan provides for various investment options in any combination of the investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the nature of risks associated with certain investment vehicles, it is at least reasonably possible that changes in the level of risk in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Plan Benefits and the Statement of Changes in Net Assets Available for Plan Benefits.

The Vanguard Target Retirement 2050 Fund Investor Shares investment represented approximately 15% of Plan assets as of both December 31, 2021 and 2020.

The Vanguard Target Retirement 2055 Fund Investor Shares investment represented approximately 13% of Plan assets as of both December 31, 2021 and 2020.

The Vanguard Target Retirement 2045 Fund Investor Shares investment represented approximately 12% and 11% of Plan assets as of December 31, 2021 and 2020, respectively.

The Vanguard Target Retirement 2040 Fund Investors Shares investment represented approximately 10% of Plan assets as of December 31, 2021.

The Vanguard Target Retirement 2035 Fund Investors Shares investment represented approximately 11% of Plan assets as of December 31, 2020.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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**Note 8 - Related Party and Party-in-Interest Transactions:**

Certain Plan investments are managed by the Trustee of the Plan. Any purchases and sales of these funds are open market transactions at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Certain administrative functions are performed by officers or employees of the Sponsor. No such officers or employees receive compensation from the Plan.

**Note 9 - Prohibited Transactions:**

During 2021 and 2020, certain participant contributions aggregating \$5,489,931 and \$7,035,631, respectively, were transferred late to the Plan. In order to make the participants whole, the Sponsor has made corrections (which are immaterial to the financial statements) for these late transfers subsequent to year end. See additional information reflected in the Schedule of Delinquent Participant Contributions.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

**Note 10 - Reconciliation to Form 5500:**

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

|                                                                  | 2021           | 2020          |
|------------------------------------------------------------------|----------------|---------------|
| Net assets available for benefits per these financial statements | \$ 139,798,209 | \$ 65,373,523 |
| Less:                                                            |                |               |
| Employee contribution receivable                                 | (1,147,000)    | (855,551)     |
| Net assets per Form 5500                                         | \$ 138,651,209 | \$ 64,517,972 |

The following is a reconciliation of changes in net assets per these financial statements to Form 5500 for the year ended December 31, 2021:

|                                                             |               |
|-------------------------------------------------------------|---------------|
| Increase in net assets available for benefits               | \$ 74,424,686 |
| Add:                                                        |               |
| Employee contribution receivable as of<br>December 31, 2020 | 855,551       |
| Less:                                                       |               |
| Employee contribution receivable as of<br>December 31, 2021 | (1,147,000)   |
| Net income per Form 5500                                    | \$ 74,133,237 |

**Zoom Video Communications, Inc.  
401K Profit Sharing Plan Trust**

**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**  
**Plan Sponsor: Zoom Video Communications, Inc.**  
**Plan Sponsor EIN: 61-1648780**  
**Plan Number: 001**  
**(See Independent Auditors' Report)**

*For the year Ended December 31, 2021*

| Participant Contributions<br>Transferred Late to Plan:            | Total That Constitutes Nonexempt Prohibited Transactions |                                               |                                                | Total fully<br>corrected under<br>VFCP and<br>PTE 2002-51 |
|-------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| Check here if late<br>participant loan<br>repayments are included | Contributions<br>not corrected                           | Contributions<br>corrected outside<br>of VFCP | Contributions<br>pending correction<br>of VFCP |                                                           |
| X                                                                 |                                                          |                                               |                                                | \$ 382,565                                                |
| X                                                                 |                                                          |                                               |                                                | 681,105                                                   |
| X                                                                 |                                                          |                                               |                                                | 815,382                                                   |
| X                                                                 |                                                          |                                               |                                                | 411,239                                                   |
| X                                                                 |                                                          |                                               |                                                | 573,126                                                   |
| X                                                                 |                                                          |                                               |                                                | 990,411                                                   |
| X                                                                 |                                                          |                                               |                                                | 989,336                                                   |
| X                                                                 |                                                          |                                               |                                                | 574,944                                                   |
| X                                                                 |                                                          |                                               |                                                | 1,617,523                                                 |
| X                                                                 |                                                          |                                               |                                                | 1,062,749                                                 |
| X                                                                 |                                                          |                                               |                                                | 2,797,188                                                 |
| X                                                                 |                                                          |                                               |                                                | 1,629,994                                                 |
|                                                                   |                                                          |                                               |                                                |                                                           |
|                                                                   | \$ -                                                     | \$ -                                          | \$ -                                           | \$ 12,525,562                                             |

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

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

**Plan Sponsor: Zoom Video Communications, Inc.**

**Plan Sponsor EIN: 61-1648780**

**Plan Number: 001**

**(See Independent Auditors' Report)**

December 31, 2021

- (a) Identity of issue, borrower, lessor or similar party  
(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value  
(c) Cost  
(d) Current value

|                                               | (a)                                                         | (b)                                | (c) | (d)                   |
|-----------------------------------------------|-------------------------------------------------------------|------------------------------------|-----|-----------------------|
| <b>Mutual Funds:</b>                          |                                                             |                                    |     |                       |
|                                               | Vanguard Target Retirement 2015 Fund Investor Shares        | Mutual Fund                        | ^   | \$ 209,253            |
|                                               | Vanguard Target Retirement 2025 Fund Investor Shares        | Mutual Fund                        | ^   | 2,582,592             |
|                                               | Vanguard Target Retirement 2035 Fund Investor Shares        | Mutual Fund                        | ^   | 10,623,827            |
|                                               | Vanguard Target Retirement 2045 Fund Investor Shares        | Mutual Fund                        | ^   | 17,063,596            |
|                                               | Vanguard Target Retirement 2055 Fund Investor Shares        | Mutual Fund                        | ^   | 17,373,914            |
|                                               | Vanguard Target Retirement 2065 Fund Investor Shares        | Mutual Fund                        | ^   | 1,246,975             |
|                                               | Vanguard Target Retirement Income Investor Shares           | Mutual Fund                        | ^   | 424,678               |
|                                               | Vanguard Target Retirement 2020 Fund Investor Shares        | Mutual Fund                        | ^   | 534,261               |
|                                               | Vanguard Target Retirement 2030 Fund Investor Shares        | Mutual Fund                        | ^   | 5,854,798             |
|                                               | Vanguard Target Retirement 2040 Fund Investor Shares        | Mutual Fund                        | ^   | 14,279,054            |
|                                               | Vanguard Target Retirement 2050 Fund Investor Shares        | Mutual Fund                        | ^   | 20,150,312            |
|                                               | Vanguard Target Retirement 2060 Fund Investor Shares        | Mutual Fund                        | ^   | 7,246,522             |
|                                               | Vanguard Federal Money Market Fund Investor Shares          | Mutual Fund                        | ^   | 968,367               |
|                                               | Vanguard Inflation-Protected Securities Fund Admiral Shares | Mutual Fund                        | ^   | 638,176               |
| *                                             | Fidelity International Index Fund - Premium Class           | Mutual Fund                        | ^   | 2,519,897             |
| *                                             | Fidelity 500 Index                                          | Mutual Fund                        | ^   | 10,716,580            |
| *                                             | Fidelity Emerging Markets Index                             | Mutual Fund                        | ^   | 1,162,292             |
| *                                             | Fidelity Mid Cap Index                                      | Mutual Fund                        | ^   | 4,759,681             |
| *                                             | Fidelity Small Cap Index                                    | Mutual Fund                        | ^   | 3,191,965             |
| *                                             | Fidelity Blue Chip Growth K6                                | Mutual Fund                        | ^   | 9,200,062             |
|                                               | American Beacon Large Cap Value R6                          | Mutual Fund                        | ^   | 1,136,675             |
|                                               | Bair Aggregate Bond Fund                                    | Mutual Fund                        | ^   | 957,037               |
|                                               | DFA Commodity Strategy I                                    | Mutual Fund                        | ^   | 218,363               |
|                                               | DFA International Small Company I                           | Mutual Fund                        | ^   | 509,882               |
|                                               | Cohen & Steers Real Estate Securities Fund Inc              | Mutual Fund                        | ^   | 867,332               |
|                                               | JPMorgan Equity Income R6                                   | Mutual Fund                        | ^   | 990,662               |
| <b>Stable Value Collective Trust Fund:</b>    |                                                             |                                    |     |                       |
|                                               | Invesco Stable Value Trust Class I                          | Stable Value Collective Trust Fund | ^   | 278,722               |
| <b>Self-Directed Brokerage Account:</b>       |                                                             |                                    |     |                       |
|                                               | Brokeragelink                                               | Self-Directed Brokerage Account    | ^   | 1,924,224             |
| <b>** Notes Receivable from Participants:</b> |                                                             |                                    |     |                       |
|                                               |                                                             | 4.25% to 6.5%                      |     | 1,021,510             |
|                                               |                                                             |                                    |     | <b>\$ 138,651,209</b> |

\* Managed by Party-in-Interest.

\*\* Party-in-Interest as defined by ERISA.

^ Cost information omitted for participant-directed investments.

**ZOOM VIDEO COMMUNICATIONS, INC.  
401K PROFIT SHARING PLAN TRUST**

**DECEMBER 31, 2021 AND 2020**

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INDEPENDENT AUDITORS' REPORT,  
FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

PLAN SPONSOR: ZOOM VIDEO COMMUNICATIONS, INC.  
PLAN SPONSOR EIN: 61-1648780  
PLAN NUMBER: 001

**Zoom Video Communications, Inc.  
401k Profit Sharing Plan Trust**

**Independent Auditors' Report  
Financial Statements and Supplemental Schedules**

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**Financial Statements**

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## **Independent Auditors' Report**

THE BOARD OF TRUSTEES  
ZOOM VIDEO COMMUNICATIONS, INC.  
401K PROFIT SHARING PLAN TRUST  
San Jose, California

### **Report on the Financial Statements**

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

We have performed an audit of the financial statements of **ZOOM VIDEO COMMUNICATIONS, INC. 401K PROFIT SHARING PLAN TRUST (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 statement 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 (2021 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 (DOL) 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 DOL'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 3 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 (U.S. GAAP).

- 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 on the 2021 Financial Statements.

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

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

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

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 of 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 the 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 U.S. GAAP.

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 U.S. GAAP.

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 Matters**

### ***2021 Supplemental Schedules Required by ERISA***

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL'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 its form and content, are presented in conformity with the DOL'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 DOL'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).

### **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 DOL'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 a qualified institution. In our report dated October 13, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Hood & Strong LLP". The signature is written in a cursive, flowing style.

San Francisco, California  
October 17, 2022

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Statement of Net Assets Available for Benefits**

| <i>December 31,</i>                      | 2021                  | 2020                 |
|------------------------------------------|-----------------------|----------------------|
| <b>Assets:</b>                           |                       |                      |
| Investments, at fair value               | \$ 137,629,699        | \$ 64,144,624        |
| Receivables:                             |                       |                      |
| Employee contribution                    | 1,147,000             | 855,551              |
| Notes receivable from participants       | 1,021,510             | 373,348              |
| Total receivables                        | 2,168,510             | 1,228,899            |
| Total assets                             | 139,798,209           | 65,373,523           |
| <b>Net Assets Available for Benefits</b> | <b>\$ 139,798,209</b> | <b>\$ 65,373,523</b> |

See accompanying notes to the financial statements.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Statement of Changes in Net Assets Available for Benefits**

*Year Ended December 31, 2021*

**Additions to Net Assets Attributed to:**

Contributions:

|             |               |
|-------------|---------------|
| Participant | \$ 39,128,822 |
| Rollover    | 27,849,211    |
| Employer    | 4,201         |

Investment income:

|                                               |            |
|-----------------------------------------------|------------|
| Net appreciation in fair value of investments | 10,530,346 |
| Interest and dividends                        | 3,281,099  |

|                                                       |        |
|-------------------------------------------------------|--------|
| Interest income on notes receivable from participants | 35,233 |
|-------------------------------------------------------|--------|

|                 |            |
|-----------------|------------|
| Total additions | 80,828,912 |
|-----------------|------------|

**Deductions from Net Assets Attributed to:**

|                               |           |
|-------------------------------|-----------|
| Benefits paid to participants | 6,120,140 |
| Administrative expenses       | 284,086   |

|                  |           |
|------------------|-----------|
| Total deductions | 6,404,226 |
|------------------|-----------|

|                     |            |
|---------------------|------------|
| <b>Net Increase</b> | 74,424,686 |
|---------------------|------------|

**Net Assets Available for Benefits:**

|                   |            |
|-------------------|------------|
| Beginning of year | 65,373,523 |
|-------------------|------------|

|             |                |
|-------------|----------------|
| End of year | \$ 139,798,209 |
|-------------|----------------|

See accompanying notes to the financial statements.

# **Zoom Video Communications, Inc. 401K Profit Sharing Plan Trust**

## **Notes to the Financial Statements**

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

The following description of the Zoom Video Communications, Inc. 401K Profit Sharing Plan Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

a. General

The Plan was established January 1, 2012 by Zoom Video Communications, Inc. (the Sponsor). Effective November 27, 2017, the Plan adopted a volume submitter defined contribution plan sponsored by Fidelity Management & Research Company, an affiliate of Fidelity Management Trust Company. The Plan was designed to provide participants with a means to defer a portion of their compensation for retirement. The Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code (IRC) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective November 16, 2018, the Plan was amended (reversing an earlier amendment effective October 1, 2018) to include bonuses as compensation for the entire 2018 Plan year and thereafter.

Effective February 1, 2020, the Plan was amended to include certain provisions that are incorporated into the Fidelity Basic Plan Document No. 17 and its Adoption Agreement. The amendments consist of revisions to the definition of compensation, continuing eligibility requirements, discretionary matching employer contributions and vesting. The amendment also includes an additional provision addendum which adds additional automatic enrollment and changes to disability provisions.

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was enacted and signed into law. The CARES Act provided plan sponsors the ability to offer participants penalty-free distributions up to \$100,000. The CARES Act also temporarily waived required minimum distributions for terminated participants in calendar year 2020. The Sponsor has implemented these provisions and intends to formally execute the required plan amendments reflecting their implementation by the last day of the plan year beginning on or after January 1, 2022.

Effective January 1, 2021, the Plan was amended to reduce the minimum age requirement to 18, exclude interns as eligible participants, and allow participants to enter into special salary reduction agreements with respect to Zoom Incentive Plan bonuses.

Effective June 28, 2021, the Plan was amended and the Fidelity Basic Plan Document No. 17 and its Adoption Agreement was restated to include certain revisions related to continuing eligibility requirements for discretionary matching and nonelective employer contributions and vesting for discretionary matching employer contributions.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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Effective October 18, 2021, the Plan was amended and the Fidelity Basic Plan Document No. 17 and its Adoption Agreement was restated to include certain revisions related to eligibility requirements and vesting for discretionary matching employer contributions and definition (exclusion) of compensation.

Effective June 30, 2022, the Plan was amended to include certain revisions related to vesting for nonelective employer contributions.

b. Eligibility

All employees with a minimum age of 18, except those covered by a collective bargaining agreement, nonresident aliens and interns, are eligible to enroll in the Plan immediately after date of hire for employee deferrals. The service requirement for nonelective employer contributions was one year (minimum of 1,000 hours) of eligible service. Effective October 18, 2021, there is no service requirement for nonelective employer contributions. There is no service requirement for discretionary matching employer contributions. Employees must also be employed by the Sponsor on the last day of the Plan year to be eligible for employer contributions, except for employees dying, retiring or becoming disabled during the Plan year. Effective June 28, 2021, there is no requirement for employees to be employed by the Sponsor on the last day of the Plan year to be eligible for employer contributions.

For all newly hired and rehired employees, the Sponsor automatically defers 3% of eligible compensation on a pre-tax basis.

c. Contributions

Participants may elect to contribute annually up to the maximum under Internal Revenue Service regulations of \$19,500 for 2021. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants are also allowed to make Roth deferral contributions and rollover contributions from other tax-qualified, employer-sponsored retirement plans. Such contributions are deposited in the appropriate investment funds in accordance with the participant's directives and the Plan's provisions.

For all newly hired and rehired employees, the Sponsor automatically defers 3% of eligible compensation on a pre-tax basis.

The Sponsor may make discretionary matching employer contributions and nonelective employer contributions to employees that meet the eligibility requirements. The Plan Sponsor did not make any discretionary matching or nonelective employer contributions during the 2021 Plan year.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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d. Payment of Benefits

Upon termination of employment, retirement, total disability, death or reaching age 59 1/2, a participant may elect to receive an amount equal to his or her vested account interest in a lump sum or partial/installment payments. The Plan allows for automatic distributions of the terminated participants' entire vested account balances not exceeding \$5,000. None of the terminated participants at December 31, 2021 and 2020 have requested to withdraw from the Plan as of those dates.

e. Participant Accounts

Each participant's account is credited with the participant's contributions, the participant's qualified rollover contributions, allocation of the employer contributions, if any, an allocation of the Plan earnings or losses based on the ratio of the participant's balance to all participants' account balances, and is charged with an allocation of administrative expenses.

f. Participant Investment Options

Upon enrollment in the Plan, participants are auto enrolled into a target retirement fund based on their age. Participants are allowed to change the allocation of their contributions to any of the investment options offered by the Plan once their account is set up. Participants may change their investment options any time throughout the year (subject to specific limitations placed by certain investment funds) via direct access to Fidelity Management Trust Company.

g. Vesting

Participants vest immediately in their employee contributions, including rollovers of funds from other qualified retirement plans and earnings thereon. The portion of the participants' accounts attributable to the Sponsor's nonelective and discretionary matching contributions become 25% vested after one year of credited service and gradually increases to 100% after 4 years. Effective October 18, 2021, participants vest immediately in the discretionary matching contributions. Participants become fully vested upon the occurrence of death, disability or plan termination in the nonelective employer contributions.

h. Forfeitures

Forfeitures are the nonvested portion of a participant's account that is lost upon termination of employment. Forfeitures are retained in the Plan and may first be used to pay Plan administrative expenses, with any remaining amounts used to reduce future Sponsor contributions. At December 31, 2021 and 2020, forfeited accounts totaled approximately \$12,200 and \$3,300, respectively.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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i. Notes Receivable from Participants

A participant may borrow from the Plan to the extent that such a loan, when added to the outstanding balance of all other loans, would not exceed the lesser of \$50,000 or 50% of the present value of the participant's vested interest in his/her account. The interest rate shall be fixed throughout the duration of the loan at a rate determined by the Administrator. The loans are secured by the remaining balance of the respective participant's account.

j. Plan Trustee

Fidelity Management Trust Company (the Trustee) is the Trustee of the Plan. Substantially all of the Plan's assets are held by the Trustee.

**Note 2 - Significant Accounting Policies:**

a. Basis of Accounting

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

b. Investment Valuation and Income Recognition

Investments of the Plan are managed by the Trustee, with the exception of certain investments in self-directed brokerage accounts, and invested based solely upon instructions received from participants. The Plan's investments are reported at fair value as of the last day of the Plan year. Fair value is the price that would be received to sell assets or paid to transfer liabilities in an orderly transaction between market participants at the measurement date. The Plan's oversight committee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors and the Trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in fair value of investments in the Statement of Changes in Net Assets Available for Benefits includes both the unrealized appreciation (depreciation) in the aggregate current value of investments and realized gains and losses on sale of investments bought and sold as well as held during the year.

The market volatility of equity-based investments may substantially impact the value of such investments at any given time. It is likely that the value of the Plan's investments; both in total and in individual participant accounts, has fluctuated since December 31, 2021.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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Management fees and operating expenses charged to the Plan for investments are deducted from the participant's account as a reduction of income and are not separately reflected. Consequently, management fees and operating expenses are reflected as an adjustment to net appreciation (depreciation) in fair value of investments.

c. Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that may affect certain reported amounts of disclosures. Accordingly, actual results could differ from those estimates.

d. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document. The balances as of December 31, 2021 and 2020 were \$1,021,510 and \$373,348, respectively. As of December 31, 2021, the rates of interest on outstanding notes ranged from 4.25% to 6.5% per annum.

e. Benefits to Participants

Benefits to participants are recorded when paid.

f. Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Sponsor. Expenses that are paid by the Sponsor are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

g. Subsequent Events

The Plan Administrator evaluated subsequent events from December 31, 2021 through October 17, 2022, the date these financial statements were available to be issued, and has determined that, except as disclosed in Notes 1a and 9, there were no other material subsequent events that required recognition or additional disclosure in these financial statements.

**Note 3 - Information Certified by Fidelity Management Trust Company (Trustee):**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends income, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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**Note 4 - 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). The three levels of the fair value hierarchy are described below:

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

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

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

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

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

Following is a description of the valuation methodology used for assets measured at fair value and recognized in the accompanying Statement of Net Assets Available for Benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no changes in the methodology used at December 31, 2021 and 2020.

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

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

*Stable value collective trust fund:* A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. 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 liquidation will be carried out in an orderly business manner.

*Self-Directed Brokerage Accounts:* Accounts primarily consist of mutual funds, common stocks, exchange traded funds, and interest-bearing cash that are valued on the basis or readily determinable market prices.

The following table sets 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.

| <b>December 31, 2021</b>                                                                              | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>          |
|-------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|-----------------------|
| Investments:                                                                                          |                |                |                |                       |
| Mutual funds                                                                                          | \$ 135,426,753 | \$ -           | \$ -           | \$ 135,426,753        |
| Self-directed brokerage<br>Accounts                                                                   | 1,924,224      |                |                | 1,924,224             |
| Total investments in the<br>fair value hierarchy                                                      | \$ 137,350,977 | \$ -           | \$ -           | 137,350,977           |
| Investments measured at net<br>asset value (or its equivalent)<br>using the practical<br>expedient(a) |                |                |                | <u>278,722</u>        |
| Investments at fair value                                                                             |                |                |                | <u>\$ 137,629,699</u> |

**Zoom Video Communications, Inc.  
401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

| <b>December 31, 2020</b>                                                                              | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>         |
|-------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------------|
| Investments:                                                                                          |                |                |                |                      |
| Mutual funds                                                                                          | \$ 63,526,705  | \$ -           | \$ -           | \$ 63,526,705        |
| Self-directed brokerage                                                                               |                |                |                |                      |
| Accounts                                                                                              | 457,234        |                |                | 457,234              |
| Total investments in the<br>fair value hierarchy                                                      | \$ 63,983,939  | \$ -           | \$ -           | 63,983,939           |
| Investments measured at net<br>asset value (or its equivalent)<br>using the practical<br>expedient(a) |                |                |                | <u>160,685</u>       |
| Investments at fair value                                                                             |                |                |                | <u>\$ 64,144,624</u> |

- (a) In accordance with Financial Accounting Standards Board Accounting Standards Codification Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits. There were no unfunded commitments as of December 31, 2021 and 2020.

**Note 5 - Plan Termination:**

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The participants become fully vested upon Plan termination.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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**Note 6 - Tax Status:**

The Plan adopted a volume submitter defined contribution plan sponsored by Fidelity Management & Research Company, an affiliate of the Trustee. The volume submitter plan received a favorable opinion letter, dated June 30, 2020, from the Internal Revenue Service stating that the form of the plan is acceptable under Section 401 of the IRC. This opinion on the acceptability of the form of the plan is not a ruling or determination as to whether the Plan qualified under Code section 401(a). The Plan Administrator believes the Plan has been, and continues to be, designed and operated in compliance with the applicable requirements of the IRC.

Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

**Note 7 - Risks and Uncertainties:**

The Plan provides for various investment options in any combination of the investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the nature of risks associated with certain investment vehicles, it is at least reasonably possible that changes in the level of risk in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Plan Benefits and the Statement of Changes in Net Assets Available for Plan Benefits.

The Vanguard Target Retirement 2050 Fund Investor Shares investment represented approximately 15% of Plan assets as of both December 31, 2021 and 2020.

The Vanguard Target Retirement 2055 Fund Investor Shares investment represented approximately 13% of Plan assets as of both December 31, 2021 and 2020.

The Vanguard Target Retirement 2045 Fund Investor Shares investment represented approximately 12% and 11% of Plan assets as of December 31, 2021 and 2020, respectively.

The Vanguard Target Retirement 2040 Fund Investors Shares investment represented approximately 10% of Plan assets as of December 31, 2021.

The Vanguard Target Retirement 2035 Fund Investors Shares investment represented approximately 11% of Plan assets as of December 31, 2020.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

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**Note 8 - Related Party and Party-in-Interest Transactions:**

Certain Plan investments are managed by the Trustee of the Plan. Any purchases and sales of these funds are open market transactions at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Certain administrative functions are performed by officers or employees of the Sponsor. No such officers or employees receive compensation from the Plan.

**Note 9 - Prohibited Transactions:**

During 2021 and 2020, certain participant contributions aggregating \$5,489,931 and \$7,035,631, respectively, were transferred late to the Plan. In order to make the participants whole, the Sponsor has made corrections (which are immaterial to the financial statements) for these late transfers subsequent to year end. See additional information reflected in the Schedule of Delinquent Participant Contributions.

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

**Notes to the Financial Statements**

**Note 10 - Reconciliation to Form 5500:**

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

|                                                                  | 2021           | 2020          |
|------------------------------------------------------------------|----------------|---------------|
| Net assets available for benefits per these financial statements | \$ 139,798,209 | \$ 65,373,523 |
| Less:                                                            |                |               |
| Employee contribution receivable                                 | (1,147,000)    | (855,551)     |
| Net assets per Form 5500                                         | \$ 138,651,209 | \$ 64,517,972 |

The following is a reconciliation of changes in net assets per these financial statements to Form 5500 for the year ended December 31, 2021:

|                                                          |               |
|----------------------------------------------------------|---------------|
| Increase in net assets available for benefits            | \$ 74,424,686 |
| Add:                                                     |               |
| Employee contribution receivable as of December 31, 2020 | 855,551       |
| Less:                                                    |               |
| Employee contribution receivable as of December 31, 2021 | (1,147,000)   |
| Net income per Form 5500                                 | \$ 74,133,237 |

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions  
Plan Sponsor: Zoom Video Communications, Inc.  
Plan Sponsor EIN: 61-1648780  
Plan Number: 001  
(See Independent Auditors' Report)

*For the year Ended December 31, 2021*

| Participant Contributions<br>Transferred Late to Plan:            | Total That Constitutes Nonexempt Prohibited Transactions |                                               |                                                | Total fully<br>corrected under<br>VFCP and<br>PTE 2002-51 |
|-------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| Check here if late<br>participant loan<br>repayments are included | Contributions<br>not corrected                           | Contributions<br>corrected outside<br>of VFCP | Contributions<br>pending correction<br>of VFCP |                                                           |
| X                                                                 |                                                          |                                               |                                                | \$ 382,565                                                |
| X                                                                 |                                                          |                                               |                                                | 681,105                                                   |
| X                                                                 |                                                          |                                               |                                                | 815,382                                                   |
| X                                                                 |                                                          |                                               |                                                | 411,239                                                   |
| X                                                                 |                                                          |                                               |                                                | 573,126                                                   |
| X                                                                 |                                                          |                                               |                                                | 990,411                                                   |
| X                                                                 |                                                          |                                               |                                                | 989,336                                                   |
| X                                                                 |                                                          |                                               |                                                | 574,944                                                   |
| X                                                                 |                                                          |                                               |                                                | 1,617,523                                                 |
| X                                                                 |                                                          |                                               |                                                | 1,062,749                                                 |
| X                                                                 |                                                          |                                               |                                                | 2,797,188                                                 |
| X                                                                 |                                                          |                                               |                                                | 1,629,994                                                 |
|                                                                   |                                                          |                                               |                                                |                                                           |
|                                                                   | \$ -                                                     | \$ -                                          | \$ -                                           | \$ 12,525,562                                             |

**Zoom Video Communications, Inc.**  
**401K Profit Sharing Plan Trust**

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

**Plan Sponsor: Zoom Video Communications, Inc.**

**Plan Sponsor EIN: 61-1648780**

**Plan Number: 001**

**(See Independent Auditors' Report)**

*December 31, 2021*

- (a) Identity of issue, borrower, lessor or similar party  
(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value  
(c) Cost  
(d) Current value

|                                               | (a)                                                         | (b)                                | (c) | (d)                   |
|-----------------------------------------------|-------------------------------------------------------------|------------------------------------|-----|-----------------------|
| <b>Mutual Funds:</b>                          |                                                             |                                    |     |                       |
|                                               | Vanguard Target Retirement 2015 Fund Investor Shares        | Mutual Fund                        | ^   | \$ 209,253            |
|                                               | Vanguard Target Retirement 2025 Fund Investor Shares        | Mutual Fund                        | ^   | 2,582,592             |
|                                               | Vanguard Target Retirement 2035 Fund Investor Shares        | Mutual Fund                        | ^   | 10,623,827            |
|                                               | Vanguard Target Retirement 2045 Fund Investor Shares        | Mutual Fund                        | ^   | 17,063,596            |
|                                               | Vanguard Target Retirement 2055 Fund Investor Shares        | Mutual Fund                        | ^   | 17,373,914            |
|                                               | Vanguard Target Retirement 2065 Fund Investor Shares        | Mutual Fund                        | ^   | 1,246,975             |
|                                               | Vanguard Target Retirement Income Investor Shares           | Mutual Fund                        | ^   | 424,678               |
|                                               | Vanguard Target Retirement 2020 Fund Investor Shares        | Mutual Fund                        | ^   | 534,261               |
|                                               | Vanguard Target Retirement 2030 Fund Investor Shares        | Mutual Fund                        | ^   | 5,854,798             |
|                                               | Vanguard Target Retirement 2040 Fund Investor Shares        | Mutual Fund                        | ^   | 14,279,054            |
|                                               | Vanguard Target Retirement 2050 Fund Investor Shares        | Mutual Fund                        | ^   | 20,150,312            |
|                                               | Vanguard Target Retirement 2060 Fund Investor Shares        | Mutual Fund                        | ^   | 7,246,522             |
|                                               | Vanguard Federal Money Market Fund Investor Shares          | Mutual Fund                        | ^   | 968,367               |
|                                               | Vanguard Inflation-Protected Securities Fund Admiral Shares | Mutual Fund                        | ^   | 638,176               |
| *                                             | Fidelity International Index Fund - Premium Class           | Mutual Fund                        | ^   | 2,519,897             |
| *                                             | Fidelity 500 Index                                          | Mutual Fund                        | ^   | 10,716,580            |
| *                                             | Fidelity Emerging Markets Index                             | Mutual Fund                        | ^   | 1,162,292             |
| *                                             | Fidelity Mid Cap Index                                      | Mutual Fund                        | ^   | 4,759,681             |
| *                                             | Fidelity Small Cap Index                                    | Mutual Fund                        | ^   | 3,191,965             |
| *                                             | Fidelity Blue Chip Growth K6                                | Mutual Fund                        | ^   | 9,200,062             |
|                                               | American Beacon Large Cap Value R6                          | Mutual Fund                        | ^   | 1,136,675             |
|                                               | Bair Aggregate Bond Fund                                    | Mutual Fund                        | ^   | 957,037               |
|                                               | DFA Commodity Strategy I                                    | Mutual Fund                        | ^   | 218,363               |
|                                               | DFA International Small Company I                           | Mutual Fund                        | ^   | 509,882               |
|                                               | Cohen & Steers Real Estate Securities Fund Inc              | Mutual Fund                        | ^   | 867,332               |
|                                               | JPMorgan Equity Income R6                                   | Mutual Fund                        | ^   | 990,662               |
| <b>Stable Value Collective Trust Fund:</b>    |                                                             |                                    |     |                       |
|                                               | Invesco Stable Value Trust Class I                          | Stable Value Collective Trust Fund | ^   | 278,722               |
| <b>Self-Directed Brokerage Account:</b>       |                                                             |                                    |     |                       |
|                                               | Brokeragelink                                               | Self-Directed Brokerage Account    | ^   | 1,924,224             |
| <b>** Notes Receivable from Participants:</b> |                                                             |                                    |     |                       |
|                                               |                                                             | 4.25% to 6.5%                      |     | 1,021,510             |
|                                               |                                                             |                                    |     | <b>\$ 138,651,209</b> |

\* Managed by Party-in-Interest.

\*\* Party-in-Interest as defined by ERISA.

^ Cost information omitted for participant-directed investments.



## Service Request: W478432-22MAR22

✓ **Resolved**  
**Owner:** Bedson,Lizzy

**Participant** None None

**Benefit** DC

**Type** Correct payroll contributions

**Plan** ZOOM VIDEO COM. - 34779

[Follow-up with Fidelity](#) | [Attach a New Note for Myself](#)

| Notes | Files | Original Request |
|-------|-------|------------------|
|-------|-------|------------------|

**By Fidelity** **04/13/2022 09:08:39AM**

Thank you for your service request.

We have successfully funded the amount using the bank account. No further action is needed. This service request is complete.

Thank You  
 Customer Account Resolution  
 Fidelity Investments

**By Fidelity** **04/05/2022 04:45:14PM**

Thank you for your service request.

The earning backup is attached as requested.

Customer Account Resolution  
 Fidelity Investment

**By Plan Sponsor** **04/05/2022 01:08:40PM**

Thank you - can you please provide the breakdown by person?

**By Fidelity** **04/04/2022 05:32:53PM**

We have completed the corrective processing associated with your service request or letter of direction. The final principal adjustment value is \$0.00 and the final market value adjustment value of \$630.31.

As a result of this processing, your plan will need to please fund \$630.31.

Please note:  
 The account will be deemed to have been made 'whole' with the final adjustments. To meet the regulatory statute of funding within 3 business days, Fidelity Investments will initiate an auto-debit request in the amount of \$630.31 by 4:00 PM EST on the day following the completed correction.

Adjustments to individual accounts can be viewed through PSW. If the correction involves multiple participants, a plan level report of the adjustments may be ordered through the report tab on PSW.

Thank You,  
Customer Account Resolution  
Fidelity Investments  
535376.1.0

**By Fidelity** **04/04/2022 05:32:35PM**

Thank you for your service request. Direction in this request does not specify an earnings method for one or more sources of contributions. As such, Fidelity will calculate earnings using the below methods unless direction is provided to use a different earnings method. Please refer to the attached Earnings Method Overview for further details.

Delinquent participant contributions, delinquent loan repayments, and earnings for the correction period that occurred prior to Fidelity recordkeeping the plan will use the Department of Labor (DOL) calculator unless you provide us with direction to use another method.

All other corrections will have earnings calculated based on Actual investments as follows:

- If the participant made an investment election (including one that was not properly implemented) then the standard default earnings method is actual.
- If the participant failed to make an investment election and he/she did not have any investment history in his/her account the QDIA (qualified default investment alternative) or Plan's Weighted Average may be used.

Note: Fidelity will allocate any missed employee contributions to the Plan's qualified non-elective contribution source unless you provide specific direction about the appropriate source that should be used.

Please contact your Fidelity Representative for further information.

Thank You,  
Customer Account Resolution  
Fidelity Investments

914316.1.0

**By Fidelity** **03/31/2022 05:12:11PM**

Good afternoon and thank you for your clarification. This request will be moved to our manual processing team to work through the 2 SSN transfers.

Thank you,  
Customer Account Resolution  
Fidelity Investments

**By Plan Sponsor**

**03/31/2022 02:23:45PM**

Hi there,

-SSN [REDACTED] -> he has a bad SSN account with SSN number: [REDACTED]

-SSN [REDACTED] -> he has a bad SSN account with SSN number:

What do I need to do with the file to ensure that those missed earnings are completed on their accounts?

**By Fidelity**

**03/26/2022 12:20:49AM**

Good afternoon,

Errors found in validating the data provided.

-SSN [REDACTED] no contribution history prior to 3/11/2022

-SSN [REDACTED] no contribution history prior to 11/8/2021

Please review the data for these 2 participants and provide either updated info or advise if they should be removed from this correction.

Please note we will need this information as soon as possible but not later than 4/11/2022 or the request will be closed with no action taken.

Thank you,  
Customer Account Resolution  
Fidelity Investments



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