

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>COGENT COMMUNICATIONS, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2000</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COGENT COMMUNICATIONS, INC.</u> <u>2450 N STREET NW, 4TH FLOOR</u> <u>WASHINGTON, DC 20037</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-2192026</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>202-295-4200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>517000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-2192026</u>	2c Plan Sponsor's telephone number <u>202-295-4200</u>	2d Business code (see instructions) <u>517000</u>	
2b Employer Identification Number (EIN) <u>52-2192026</u>					
2c Plan Sponsor's telephone number <u>202-295-4200</u>					
2d Business code (see instructions) <u>517000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/22/2023	TAD WEED
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1134
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1035
a(2) Total number of active participants at the end of the plan year		6a(2)	726
b Retired or separated participants receiving benefits.....		6b	11
c Other retired or separated participants entitled to future benefits		6c	148
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	885
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	885
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	569
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COGENT COMMUNICATIONS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COGENT COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 52-2192026	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	21259	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

RESOURCES INVESTMENT ADVISORS LLC

4860 COLLEGE BLVD STE 100
LEAWOOD, KS 66211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	12664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	9611	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>COGENT COMMUNICATIONS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COGENT COMMUNICATIONS, INC.</u>	D Employer Identification Number (EIN) <u>52-2192026</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	641554	699052
(9) Value of interest in common/collective trusts.....	1c(9)	1391058	1376070
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52046232	58668013
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 54078844	60743135
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 54078844	60743135

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 963864	
	(B) Participants	2a(1)(B) 3825289	
	(C) Others (including rollovers).....	2a(1)(C) 93770	
(2)	Noncash contributions.....	2a(2) 0	4882923
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		35796
(A)	Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 0	
(B)	U.S. Government securities	2b(1)(B) 0	
(C)	Corporate debt instruments	2b(1)(C) 0	
(D)	Loans (other than to participants)	2b(1)(D) 0	
(E)	Participant loans.....	2b(1)(E) 35796	
(F)	Other	2b(1)(F) 0	
(G)	Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	35796
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	4881745
(B)	Common stock	2b(2)(B) 0	
(C)	Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 4881745	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	4881745
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	0
(B)	Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
(C)	Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	0
(B)	Other	2b(5)(B) 0	
(C)	Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		20672
(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)		2840387
c Other income.....	2c		176168
d Total income. Add all income amounts in column (b) and enter total.....	2d		12837691
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5944617	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5944617
f Corrective distributions (see instructions).....	2f		189822
g Certain deemed distributions of participant loans (see instructions).....	2g		26297
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	12664	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12664
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6173400
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		6664291
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ADEPTUS PARTNERS

(2) EIN: 52-1884940

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		387758

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan COGENT COMMUNICATIONS, INC. 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 COGENT COMMUNICATIONS, INC.	D Employer Identification Number (EIN) 52-2192026

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691658		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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 _____

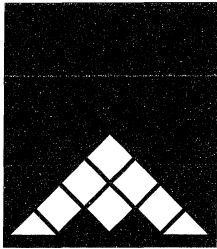
**COGENT COMMUNICATIONS, INC.
401(K) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULES**

**WITH INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2021**

COGENT COMMUNICATIONS, INC.
401(K) PLAN
DECEMBER 31, 2021

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Adeptus

Adeptus Partners, LLC
Accountants | Advisors
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Olney, MD 20832
phone 301.929.9700
fax 301.929.9701
www.AdeptusCPAs.com

INDEPENDENT AUDITOR'S REPORT

To the Trustee and Plan Administrator
Cogent Communications, Inc. 401(k) Plan

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

We have performed an audit of the financial statements of Cogent Communications, Inc. 401(k) 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

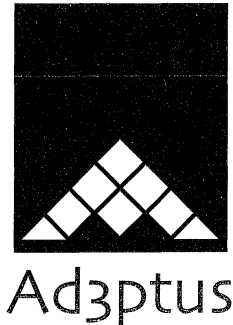
Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

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

Offices:
Maryland
New York City
Long Island
New Jersey



INDEPENDENT AUDITOR'S REPORT (continued)

Basis for our 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 Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Cogent Communications, Inc. 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

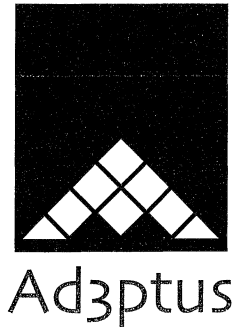
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cogent Communications, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's 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 auditor's 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.



INDEPENDENT AUDITOR'S REPORT (continued)

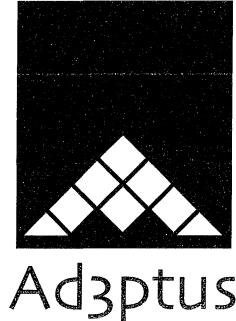
In performing an audit in accordance with GAAS, we:

- 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 Cogent Communications, Inc. 401(k) 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 Cogent Communications, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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



INDEPENDENT AUDITOR'S REPORT (continued)

2021 Supplemental Schedules Required by ERISA

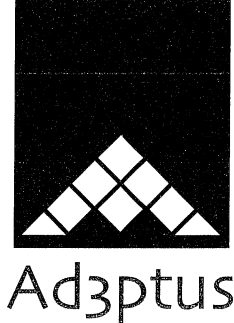
The supplemental schedule of assets (held at end of year) – Schedule H, line 4i, schedule of reportable transactions – Schedule H, line 4j, and schedule of delinquent participant contributions – Schedule H, line 4a, as of and for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental 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, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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



INDEPENDENT AUDITOR'S REPORT (continued)

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Cogent Communications, Inc. 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Adeptus Partners, LLC

ADEPTUS PARTNERS, LLC
Certified Public Accountants

Olney, Maryland
February 21, 2023

COGENT COMMUNICATIONS, INC.
401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS AT FAIR VALUE	\$ 58,552,517	\$ 50,087,707
INVESTMENTS AT CONTRACT VALUE	<u>1,376,070</u>	<u>1,391,058</u>
Total investments	<u>59,928,587</u>	<u>51,478,765</u>
CASH	<u>115,496</u>	<u>1,958,525</u>
RECEIVABLES		
Notes receivable from participants	699,052	641,554
Participant contributions	50	-
Employer contribution	<u>25</u>	<u>-</u>
Total receivables	<u>699,127</u>	<u>641,554</u>
 TOTAL ASSETS	 <u>60,743,210</u>	 <u>54,078,844</u>
LIABILITIES		
Excess contributions payable	<u>205,181</u>	<u>157,414</u>
 TOTAL LIABILITIES	 <u>205,181</u>	 <u>157,414</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 60,538,029</u>	 <u>\$ 53,921,430</u>

See accompanying notes to the financial statements.

COGENT COMMUNICATIONS, INC.
401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

INVESTMENT INCOME:

Interest and dividend income	\$ 4,881,745
Net appreciation in fair value of investments	<u>2,861,059</u>
Total investment income	<u>7,742,804</u>

INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	<u>35,796</u>
---	---------------

CONTRIBUTIONS:

Participants	3,620,158
Employer	963,889
Rollovers	<u>93,770</u>
Total contributions	<u>4,677,817</u>

OTHER ADDITIONS	<u>176,168</u>
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Total additions	<u>12,632,585</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	5,944,617
Deemed distributions	26,297
Corrective distributions	32,408
Administrative fees	<u>12,664</u>
Total deductions	<u>6,015,986</u>

NET INCREASE	6,616,599
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>53,921,430</u>
End of year	<u>\$ 60,538,029</u>

See accompanying notes to the financial statements.

COGENT COMMUNICATIONS, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

1. *DESCRIPTION OF THE PLAN*

The following description of the Cogent Communications, Inc. (Company) 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Cogent Communications, Inc. 401(k) Plan is a defined contribution plan covering all full-time employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator is responsible for oversight of the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Restatement

Effective January 1, 2021, the Plan adopted a restatement of the plan under the Great-West Trust Company, LLC Defined Contribution Pre-Approved Plan. The amendment and restatement were to bring the Plan into compliance with the requirements of the 2017 Cumulative List. This restatement had no effect on the amounts reflected in the 2020 financial statements.

Contributions

Each year, participants may contribute up to 100% of their eligible compensation up to the statutory allowable limit, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a common/collective trust as investment options. The Company may make a discretionary qualified matching contribution that is allocated equally as a percentage of 401(k) deferrals made during the Plan year. For 2021, the Company made a 2% discretionary matching contribution. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocations of the Company's matching contribution and the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their contributions and the Company's contribution plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25 to 6.50 percent, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through semi-monthly payroll deductions.

COGENT COMMUNICATIONS, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

1. *DESCRIPTION OF THE PLAN (continued)*

Payment of Benefits

Upon normal retirement age (65), death, disability, or termination of service, a participant receives a lump-sum amount equal to the value of the participant's vested interest in their account.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to a mix of investment funds made available to the Plan by the custodians and as selected by the Company from time to time.

Forfeited Accounts

At December 31, 2021, the balance of the forfeited non-vested accounts totaled \$3,495. Activity in forfeited accounts arises from employer matching forfeitures on corrective distributions of Excess Deferrals.

SECURE and CARES Acts

In 2020, certain provisions under the SECURE and CARES Acts relating to participant distributions were enacted. The SECURE and CARES Acts allow for utilization of these provisions immediately but require formal adoption of the amendments no later than the last day of the plan year beginning on or after January 1, 2022.

2. *SUMMARY OF ACCOUNTING POLICIES*

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the common/collective trust, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's administrator determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are deducted directly from loan proceeds. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

COGENT COMMUNICATIONS, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

2. *SUMMARY OF ACCOUNTING POLICIES (continued)*

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The plan distributed the 2021 excess contributions to the applicable participants.

Payment of Benefits

Benefits are recorded when paid.

Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through February 21, 2023, the date the financial statements were available to be issued.

3. *FAIR VALUE MEASUREMENTS*

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the asset or liability; and (d) 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 to the valuation methodology are unobservable and significant to the fair value measurement.

COGENT COMMUNICATIONS, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

3. *FAIR VALUE MEASUREMENTS (continued)*

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 58,552,517	\$ -	\$ -	\$ 58,552,517
Investments at fair value	<u>\$ 58,552,517</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 58,552,517</u>
Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 50,087,707	\$ -	\$ -	\$ 50,087,707
Investments at fair value	<u>\$ 50,087,707</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 50,087,707</u>

For the years ended December 31, 2021 and 2020, there were no transfers between Levels 1 and 2, and no transfers in and out of level 3.

4. *INVESTMENTS MEASURED USING NET ASSET VALUE PER SHARE*

The Plan offers the option to invest in a common/collective trust ("CCT"), Capital Preservation Fund (the "Fund"), with Federated Investors Trust Company, a provider of investment management products. The CCT is valued at the net asset value per share and consists of guaranteed investment contracts, separate account guaranteed investment contracts, and synthetic guaranteed investment contracts. The net asset value, as provided by the trustee, is based on the fair value of the underlying investments held by the fund less its liabilities. Participants may purchase units of the CCT daily, based on the established unit value of \$10.00, and may redeem units of the CCT for the purpose of obtaining a benefit payment, participant loan, or transferring the participant's interest in the plan to another investment election that is a noncompeting investment, or paying fees. The redemption notice period is 12 months for other purposes. All participants of the fund have a proportionate undivided interest in all assets of the Fund. Net investment income is distributed to participants monthly and is reinvested to purchase additional units.

COGENT COMMUNICATIONS, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

4. *INVESTMENTS MEASURED USING NET ASSET VALUE PER SHARE (continued)*

Guaranteed investment contracts (traditional GICs) represent deposits which guarantee a stated interest rate for the term of the contract. The fair value of guaranteed investment contracts is determined based on the present value of the contract's expected cash flows, discounted by current market interest rates for like-duration and like-quality investments. Separate account guaranteed investment contracts (separate account GICs) consist of portfolios of securities (fixed-income securities or shares of open-end mutual funds) held in a separate account owned and managed by or on behalf of the insurance company issuing the investment. Synthetic guaranteed investment contracts (synthetic GICs) are portfolios of securities owned by the Fund.

The key difference between a synthetic investment contract and a traditional investment contract is that the Fund owns the underlying assets of the synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer, such as a bank or insurance company, to make payments to the Fund in certain circumstances. The wrapper contract typically includes certain conditions and limitations on the underlying assets owned by the Fund. With traditional investment contracts, the Fund owns only the contract itself. Synthetic and traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The synthetic investment contract held by the Fund includes wrapper contracts that provide a guarantee that the interest rate, also known as the crediting rate, will not fall below zero percent. The crediting rate is initially based on the yield of the underlying securities and changes based on the experience of the cash flow and market value of the underlying fixed-income securities. Formulas are provided in each contract that adjusts renewal crediting rates to recognize the difference between the fair value and the book value of the underlying assets. Interest crediting rates are typically reset on a monthly or quarterly basis according to each GIC.

Certain events may affect the interest crediting rate. For example, participant withdrawals and transfers from the Fund are paid at contract value but may be funded through the fair value liquidation of the underlying fixed-income securities, which could impact the interest crediting rate. The resulting gains and losses in the fair value of the underlying fixed-income securities relative to the contract are recorded as an adjustment from fair value to contract value on the Fund's financial statements. As of December 31, 2021 and 2020, the adjustment from fair value to contract value was 1.88% and 3.64%, respectively.

5. *PLAN TERMINATION*

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

6. *TAX STATUS*

The prototype sponsor obtained an opinion letter from the IRS dated March 31, 2014, which states that the form of the plan is acceptable under Section 401 of the Internal Revenue Code (IRC). The Plan itself did not receive a determination letter from the IRS. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Therefore, no provision for income taxes has been made in the accompanying financial statements.

COGENT COMMUNICATIONS, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

6. *TAX STATUS (continued)*

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. *RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS*

Certain Plan investments are shares of mutual funds, common/collective trusts, and accounts managed by Truist (formerly SunTrust Bank) and Empower Retirement (Empower). Truist was the trustee as defined by the Plan through February 12, 2021. Effective February 12, 2021, Great-West Trust Company (Great-West) was appointed as the Plan's trustee and Empower Retirement (Empower) is the custodian of the plan, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Under the Plan's administrative services agreement with Empower, effective July 1, 2021, an asset-based charge at an effective annual rate of 0.12% will be assessed for administrative costs associated with the Plan and is deducted from participant account balances. These fees are assessed on a quarterly basis.

Certain assets held in the Plan are invested in one or more non-proprietary mutual funds that pay fees to Empower. Empower will make certain amounts available for purposes of either paying reasonable and appropriate Plan expenses resulting from these fees in a separate plan expense reimbursement cash account known as the Plan Expense Account or crediting these balances directly to participants.

Other reasonable expenses incurred in the administration of the plan may be paid by the Plan. For the year ended December 31, 2021, the Plan paid \$12,664 for administrative fees. The excess amount in the Plan Expense Account as of December 31, 2021 and 2020 totaled \$111,997 and \$24,648, respectively.

Cogent Communications, Inc. provides certain accounting and administrative services to the Plan for which no fees are charged.

8. *RISKS AND UNCERTAINTIES*

The Plan invests in mutual funds that invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The COVID-19 pandemic has developed rapidly during 2020 and 2021, with a significant number of cases. Measures taken by various governments to contain the virus have affected economic activity. These measures are designed to protect the overall public health, however, are expected to have material adverse impacts on domestic and foreign economies.

COGENT COMMUNICATIONS, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

8. *RISKS AND UNCERTAINTIES (continued)*

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

9. *OTHER ADDITIONS*

Pursuant to the Plan Expense Agreement, revenue share deposits are credited to the Plan for each calendar quarter where the Plan maintains a balance in one or more funds that results in fund fees being paid to Truist. Truist will credit the plan expense account an amount in arrears equal to one hundred percent of the fund fees actually received. During the year ended December 31, 2021, total revenue share deposits from Truist and Empower totaled \$176,168.

Effective July 1, 2021, pursuant to the Fee Levelization agreement, the new fee structure states that revenue sharing is credited directly to participant accounts, not the Plan Expense Account. Recordkeeping and advisory fees are also paid from participant account balances.

10. *CERTIFIED INVESTMENTS*

Certain information related to investments and notes receivables from participants 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, 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 Great-West (the trustee of the Plan).

11. *RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500*

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2021 and 2020 to Form 5500:

	December 31, 2021	December 31, 2020
Net assets available for benefits per the financial statements	\$ 60,538,029	\$ 53,921,430
Add: Excess contributions payable	205,181	157,414
Less: Participant's contribution receivable	(50)	-
Less: Employer's contribution receivable	(25)	-
Net assets available for benefits per Form 5500	<u>\$ 60,743,135</u>	<u>\$ 54,078,844</u>

COGENT COMMUNICATIONS, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

11. *RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)*

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to Form 5500:

	Year ended December 31, <u>2021</u>
Net increase in net assets available for benefits per the financial statements	\$ 6,616,599
Add: Employer's contribution receivable prior year	-
Less: Employer's contribution receivable current year	(25)
Add: Participants' contribution receivable prior year	-
Less: Participants' contribution receivable current year	(50)
Add: Current year excess contributions payable	205,181
Less: Prior year excess contributions payable	<u>(157,414)</u>
Net income per Form 5500	<u>\$ 6,664,291</u>

12. *SUBSEQUENT EVENTS*

Subsequent to December 31, 2021, the stock market experienced a significant decline in value. The plan administrator will continue to monitor the Plan's investments as it has successfully done in the past but has no immediate plans to change its investment portfolio.

SUPPLEMENTAL SCHEDULES

COGENT COMMUNICATIONS, INC. 401 (K) PLAN
FEIN: 52-2192026
PLAN NUMBER: 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Invesco Real Estate Fund	Registered investment company	n/a	\$	1,874,922
T. Rowe Price Global Technology	Registered investment company	n/a		7,468,328
Vanguard Emerging Markets Stock	Registered investment company	n/a		374,210
MFS Research International Fund	Registered investment company	n/a		2,659,583
Vanguard Developed Markets	Registered investment company	n/a		599,473
Janus Henderson Triton	Registered investment company	n/a		1,560,754
Vanguard Small Cap Index Fund	Registered investment company	n/a		1,789,143
Goldman Sachs Small Value Fund	Registered investment company	n/a		805,062
Wells Fargo Advantage Discovery Fund	Registered investment company	n/a		3,032,170
Vanguard Mid Cap Index Fund	Registered investment company	n/a		1,900,177
Vanguard Mid-Cap Value Fund	Registered investment company	n/a		1,644,250
T. Rowe Price Growth Stock Fund	Registered investment company	n/a		7,963,952
Vanguard 500 Index Fund	Registered investment company	n/a		8,708,486
MFS Value Fund	Registered investment company	n/a		1,889,938
T. Rowe Price Retirement Fund 2010 Fund	Registered investment company	n/a		149,608
T. Rowe Price Retirement Fund 2020 Fund	Registered investment company	n/a		1,368,281
T. Rowe Price Retirement Fund 2030 Fund	Registered investment company	n/a		2,613,629
T. Rowe Price Retirement Fund 2040 Fund	Registered investment company	n/a		2,136,824
T. Rowe Price Retirement Fund 2050 Fund	Registered investment company	n/a		3,266,180
* RidgeWorth SEIX High Income Fund	Registered investment company	n/a		1,388,138
MFS Total Return Bond Fund	Registered investment company	n/a		2,081,228
Vanguard GNMA	Registered investment company	n/a		1,442,759
Blackrock Liquidity Fed Fund	Registered investment company	n/a		1,835,422
Federated Capital Preservation Fund	Common/collective trust	n/a		1,376,070
* Plan Expense and Forfeiture Accounts	Cash account	n/a		115,496
* Notes receivable from participants	Maturing through December 2035, Interest rates (4.25% - 6.50%)	-0-		<u>699,052</u>
				<u>\$ 60,743,135</u>

Note: Column (a) "*" represents a party-in-interest.

Note: Column (d) is not applicable as all investments are participant directed.

See accompanying auditor's report.

COGENT COMMUNICATIONS, INC. 401 (K) PLAN
FEIN: 52-2192026
PLAN NUMBER: 001
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
SunTrust Bank	FDIC Insured Account	\$ -	\$4,084,238	\$ -	\$ -	\$ -	\$ -	\$ -

See accompanying auditor's report.

COGENT COMMUNICATIONS, INC.
 401 (K) PLAN
 FEIN: 52-2192026
 PLAN NUMBER: 001
 SCHEDULE H, LINE 4a
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 DECEMBER 31, 2021

Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☒				
\$ 387,758	\$ -	\$ 387,758	\$ -	\$ -

See accompanying auditor's report.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Cogent Communications, Inc. 401(k) Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 05:56:23

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3STFDIC	2,245.74	2,245.740000	7	(3,494.79)	(3,494.790000)	1	(3,494.79)	SERIES
4STFDIC	0.00	0.000000	0	(3.25)	(3.250000)	1	(3.25)	SERIES
5STFDIC	87,485.03	87,485.030000	103	(112,132.99)	(112,132.990000)	2	(112,132.99)	SERIES
3TFDXX	3,495.22	3,495.220000	8	0.00	0.000000	0	0.00	SERIES
4TFDXX	3.25	3.250000	1	0.00	0.000000	0	0.00	SERIES
5TFDXX	112,147.27	112,147.270000	9	(150.00)	(150.000000)	11	(150.00)	SERIES
1TRRAX	36,644.62	2,006.763504	1072	(8,633.85)	(451.332579)	1525	(8,132.00)	SERIES
1TRRBX	246,419.29	10,861.098308	1384	(315,988.42)	(12,718.742515)	1668	(276,156.42)	SERIES
1TRRCX	613,358.28	20,393.831665	3694	(409,959.73)	(12,949.050745)	2918	(345,378.24)	SERIES
1TRRDY	830,848.32	25,213.715580	4655	(615,807.89)	(18,730.482155)	2768	(548,121.77)	SERIES
1TRRMX	729,383.65	37,471.774499	5997	(394,869.54)	(20,449.209727)	4247	(319,324.27)	SERIES
1MRSHX	330,168.75	14,157.003489	9003	(577,759.36)	(24,762.861597)	12375	(417,723.58)	SERIES
1VTMGX	445,460.18	27,360.443906	9312	(131,131.19)	(7,904.395770)	5542	(118,553.68)	SERIES
1VEMAX	223,277.44	5,157.695003	8764	(95,103.49)	(2,209.236619)	5746	(86,963.23)	SERIES
1IARAX	292,018.63	13,669.405356	11203	(243,469.25)	(11,505.051395)	10434	(196,726.15)	SERIES
1PRGTX	2,630,438.85	106,057.642321	8576	(1,395,050.49)	(46,657.579219)	8459	(1,032,793.03)	SERIES
1GSSMX	251,082.97	4,693.745311	5267	(74,593.86)	(1,232.166970)	4854	(63,925.31)	SERIES
1JGMIX1	422,439.91	12,902.079785	3959	(255,564.10)	(6,664.662093)	4762	(190,461.99)	SERIES
1VSMAX	576,662.85	5,529.621678	12155	(580,974.80)	(5,508.843063)	8641	(458,976.81)	SERIES
1VIMAX	551,282.04	1,905.678645	6060	(603,308.26)	(2,044.241707)	4862	(486,143.82)	SERIES
1VMVAX	342,264.99	4,697.700647	9903	(405,866.66)	(5,589.045950)	9702	(325,166.70)	SERIES
1WFDAX	1,417,714.03	39,145.217480	10910	(580,922.48)	(12,579.459094)	10365	(425,802.26)	SERIES
1MEJUX	479,004.62	9,729.314354	10367	(302,692.74)	(6,195.964928)	9893	(281,114.36)	SERIES
1RRGSX	1,287,968.93	13,079.059506	7058	(1,082,515.90)	(11,277.680416)	7870	(793,417.38)	SERIES
1VFIAX	2,178,195.60	5,576.159845	14677	(2,489,489.82)	(6,340.736374)	13977	(1,718,998.51)	SERIES
1MRBIX	663,019.22	58,357.696625	12239	(582,962.74)	(51,147.227399)	7870	(570,167.77)	SERIES
1STHTX	300,269.12	46,443.418576	6261	(114,639.41)	(17,687.495986)	3917	(114,717.82)	SERIES
1VFIJX	701,829.45	65,932.558146	12704	(498,898.41)	(46,838.050501)	6434	(497,463.47)	SERIES
1FECPIN	215,763.25	21,576.325000	11971	(230,750.86)	(23,075.091000)	6212	(230,747.88)	SERIES
1STFDIC	2,151,613.15	2,151,613.150000	3212	(4,084,238.47)	(4,084,238.525450)	750	(4,084,231.97)	SERIES
1TFDXX	2,182,159.53	2,182,159.530000	4031	(346,737.18)	(346,737.180000)	2493	(346,736.99)	SERIES

LEGEND

INVESTMENT OPTION:

3STFDIC SunTrust Bank FDIC Insured Account
5STFDIC Plan Expense Account
4TFDXX BlackRock Liquidity FedFund Instl
1TRRAX T. Rowe Price Retirement 2010 Fund
1TRRCX T. Rowe Price Retirement 2030 Fund
1TRRMX T. Rowe Price Retirement 2050 Fund
1VTMGX Vanguard Developed Markets Index Admiral
1IARAX Invesco Real Estate A
1GSSMX Goldman Sachs Small Value Fund - A
1VSMAX Vanguard Small Cap Index Fund - Admiral
1VMVAX Vanguard Mid-Cap Value Index Admiral
1MEIIX MFS Value R4
1VFIAX Vanguard 500 Index Fund - Admiral
1STHTX Virtus Seix High Income I
1FECPIN Federated Hermes Capital Preservation IP
1TFDXX BlackRock Liquidity FedFund Instl

4STFDIC SunTrust Bank FDIC Insured Account
3TFDXX BlackRock Liquidity FedFund Instl
5TFDXX BlackRock Liquidity FedFund Instl
1TRRBX T. Rowe Price Retirement 2020 Fund
1TRRDY T. Rowe Price Retirement 2040 Fund
1MRSHX MFS Research International R3
1VEMAX Vanguard Emerging Mkts Stock Idx Adm
1PRGTX T. Rowe Price Global Technology
1JGMIX1 Janus Henderson Triton S
1VIMAX Vanguard Mid Cap Index Adm
1WFDAX Allspring Discovery A
1RRGSX T. Rowe Price Growth Stock R
1MRBJX MFS Total Return Bond R4
1VFIIX Vanguard GNMA Adm
1STFDIC SunTrust Bank FDIC Insured Account

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
ITRRAX			153,759.29	149,607.69
ITRRBX			1,319,783.02	1,368,280.66
ITRRCX			2,321,912.56	2,613,628.90
ITRRDX			1,796,486.35	2,136,823.67
ITRRMX			2,651,241.49	3,266,179.81
IMRSHX			1,834,243.98	2,659,583.51
IVTMGX			561,076.66	599,473.56
IVEMAX			359,718.29	374,210.50
IARAX			1,376,433.29	1,874,921.61
IPRGTX			5,945,173.69	7,468,328.59
IGSSMX			754,340.60	805,061.86
IJGMIX1			1,370,371.73	1,560,753.64
IVSMAX			1,231,454.66	1,789,142.95
IVIMAX			1,189,723.99	1,900,177.11
IVMVAX			1,230,850.43	1,644,249.99
IWFDAX			3,083,218.68	3,032,169.82
IMELJX			1,364,233.26	1,889,938.41
IRRGSX			4,649,320.31	7,963,951.73
IVFIAX			5,279,347.22	8,708,485.64
IMRBIX			2,057,139.70	2,081,228.20
ISTHTX			1,393,039.62	1,388,137.76
IVFIJX			1,443,458.21	1,442,758.99
IFECPIN			1,376,056.78	1,376,070.28
ITFDXX			1,835,417.20	1,835,422.35
			46,577,801.01	59,928,587.23
PARTICIPANT LOANS				
	VARIOUS	4.250-6.500	697,076.45	699,052.20
FORFEITURES				
			115,495.74	115,495.74

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

ITRRAX

T. Rowe Price Retirement 2010 Fund

ITRRCX

T. Rowe Price Retirement 2030 Fund

ITRRMX

T. Rowe Price Retirement 2050 Fund

IVTMGX

Vanguard Developed Markets Index Admiral

IIARAX

Invesco Real Estate A

IGSSMX

Goldman Sachs Small Value Fund - A

IVSMAX

Vanguard Small Cap Index Fund - Admiral

IVMVAX

Vanguard Mid-Cap Value Index Admiral

IMEIJX

MFS Value R4

IVFIAX

Vanguard 500 Index Fund - Admiral

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Virtus Seix High Income I

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Federated Hermes Capital Preservation IP

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T. Rowe Price Retirement 2020 Fund

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T. Rowe Price Retirement 2040 Fund

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T. Rowe Price Growth Stock R

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MFS Total Return Bond R4

IVFIJX

Vanguard GNMA Adm

ITFDXX

BlackRock Liquidity FedFund Instl

COST OF ASSETS:

The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE:

The value of all assets in each investment option as of the last day of the plan year