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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HELLMAN & FRIEDMAN PROFIT SHARING & 401 (K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1984

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)
HELLMAN & FRIEDMAN LLC

415 MISSION STREET, SUITE 5700
SAN FRANCISCO, CA 94105

2b Employer Identification Number (EIN) 38-3708132

2c Plan Sponsor's telephone number 415-788-5111

2d Business code (see instructions) 523900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	JUDD SHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	168
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)**	105
a(2) Total number of active participants at the end of the plan year	**6a(2)**	109
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	69
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	178
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	178
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	176
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 2G 2J 2R 2T 2S 3B 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
HELLMAN & FRIEDMAN PROFIT SHARING & 401 (K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HELLMAN & FRIEDMAN LLC

D Employer Identification Number (EIN)
38-3708132

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

(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

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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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?
15 50 64	NONE	17159	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNY MELLON NATIONAL ASSOC

25-0659306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	8698	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO. INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50 59 62 71	NONE	444	Yes [X] No [ ]	Yes [X] No [ ]	11	Yes [X] No [ ]

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

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

CHARLES SCHWAB TRUST BANK

82-3967259

(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?
25 52 59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO. AND AFFILIATES	59	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.
SEE ATTACHMENT 06-1349805	SEE ATTACHMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
HELLMAN & FRIEDMAN PROFIT SHARING & 401 (K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HELLMAN & FRIEDMAN LLC

D Employer Identification Number (EIN)
38-3708132

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB INST CORE PLUS FIX INC TR FD

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625170-003	C	889821

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY

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)
93-6274329-001	C	485175

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)

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

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
HELLMAN & FRIEDMAN PROFIT SHARING & 401 (K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HELLMAN & FRIEDMAN LLC

D Employer Identification Number (EIN)
38-3708132

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2299458	2188094
(2) Participant contributions	1b(2)	370177	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1575	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	101096	171499
(9) Value of interest in common/collective trusts	1c(9)	1327823	1374996
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24989843	31604932
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	19444141	24576251

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	48534113	59915772
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	48534113	59915772

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2187997	
	(B) Participants	2a(1)(B)	1565931	
	(C) Others (including rollovers)	2a(1)(C)	179359	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3933287
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4966	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4966
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	679974	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		679974
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		99792
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5866203
c Other income	2c		4170985
d Total income. Add all **income** amounts in column (b) and enter total	2d		14755207
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3343283	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3343283
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	13081	
(4) Other	2i(4)	17184	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		30265
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3373548
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11381659
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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: MOSS ADAMS **(2)** EIN: 91-0189318

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
HELLMAN & FRIEDMAN PROFIT SHARING & 401 (K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HELLMAN & FRIEDMAN LLC

D Employer Identification Number (EIN)
38-3708132

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): 42-1558009 82-3967259

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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_____



Report of Independent Auditors and
Financial Statements with
Supplemental Schedule

Hellman & Friedman Profit Sharing and 401(k) Savings Plan

December 31, 2019 and 2018

MOSSADAMS

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MOSSADAMS

Report of Independent Auditors

To the Plan Administrator
Hellman & Friedman Profit Sharing and 401(k) Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hellman & Friedman Profit Sharing and 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Charles Schwab Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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



San Francisco, California
October 12, 2020

Financial Statements

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments, at fair value		
Registered investment companies	$ 45,943,303	$ 35,708,229
Common stock	558,315	515,891
Collective investment trusts	1,374,996	1,327,823
Unit investment trusts	6,045,766	4,596,427
Limited partnerships	-	1,575
Cash and money funds	3,633,799	3,613,437
Total investments	57,556,179	45,763,382
Receivables		
Notes receivable from participants	171,499	101,096
Participant contributions	-	370,177
Employer contributions	2,188,094	2,299,458
	2,359,593	2,770,731
TOTAL ASSETS	59,915,772	48,534,113
NET ASSETS AVAILABLE FOR BENEFITS	$ 59,915,772	$ 48,534,113

See accompanying notes.

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment gain	
Net appreciation in fair value of investments	$ 10,088,874
Dividends and capital gains	679,974
Interest	39,992
Net investment gain	10,808,840
Contributions	
Participant	1,565,930
Employer	2,187,997
Rollovers	179,359
Net contribution income	3,933,286
Total additions	14,742,126
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	3,343,283
Administrative expenses	17,184
Total deductions	3,360,467
CHANGE IN NET ASSETS	11,381,659
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	48,534,113
End of year	$ 59,915,772

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Hellman & Friedman Profit Sharing and 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement, as amended, for a more complete description of Plan provisions.

General – The Plan is a 401(k) salary deferral and profit sharing plan covering substantially all employees of Hellman & Friedman, and is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Hellman & Friedman (the Company) is the Plan's sponsor and serves as plan administrator.

Eligibility – Employees of the Company are eligible to participate in the Plan after completing one month of service. Participants must complete at least 21 weeks and 850 hours of service during the Plan year, and be employed as of the last day of the Plan year, or terminated because of retirement, death, or disability to be eligible to receive any employer paid profit sharing contributions.

Contributions

Participant contributions – Each year, participants may contribute up to 90% of pretax annual compensation, as defined in the Plan. Participants may also elect to make Roth contributions utilizing after-tax contributions. 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. The Plan includes an auto-enrollment provision whereby all newly hired or rehired eligible employees after January 1, 2016, are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated fund until elected otherwise by the participant. Unless elected otherwise by the participant, deferrals are automatically increased annually by 1%, up to a maximum auto-deferral of 8%.

Employer match and profit sharing contributions – The Company may elect to make discretionary matching and profit sharing contributions to the Plan. Profit sharing contributions are allocated to participants on a pro-rata basis for non-Managing Directors and a per-capita basis for Managing Directors. For the year ended December 31, 2019, the Company made a $2,187,997 profit sharing contribution to the Plan.

Contributions are subject to regulatory limitations.

Participant accounts – Each participant's account is credited with the participant's contributions, allocations of the Company profit sharing contributions, and Plan 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. Participants direct the investment of their contributions into various investment options offered by the Plan.

Vesting – Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. Participants vest in the Company's contributions based on the following schedule:

Years of Service	Vesting Percentage
1	33%
2	67%
3 or more	100%

Notes receivable from participants – Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are issued by the Plan and secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed fifteen years. Under the terms of the Plan agreement, plan loans will bear a reasonable rate of interest determined by the plan administrator. Principal and interest is paid ratably through semi-monthly payroll deductions. As of December 31, 2019, the rates of interest on outstanding loans ranged from 3.25% - 5.50% with various maturities through September 2025.

Payment of benefits – On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a specified period of time. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

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 will be used to pay plan administrative expenses or to reduce future Company contributions. As of December 31, 2019 and 2018, forfeited nonvested accounts totaled $111,788 and $32,893, respectively. For the year ended December 31, 2019, Company matching contributions were reduced by $32,990 from forfeited nonvested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Use of estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment valuation – The investments are reported at fair value. The Plan's trustee, Charles Schwab Bank, certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains and losses and unrealized appreciation and depreciation of those investments.

Notes receivable from participants – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Agreement. No allowance for credit losses has been recorded as of December 31, 2019 or 2018.

Payment of benefits – Benefits are recorded when paid.

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

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 12, 2020, which is the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a 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 as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2019 and 2018.

Cash and money funds – Valued using market quotations or based on pricing models maximizing the use of observable inputs for similar securities.

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

Common stock – Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate obligations – Valued using pricing models maximizing the use of observable inputs for similar securities.

Limited partnership interests (hedge funds) – This category includes investments in hedge funds that pursue significant diversification by type of investment, industry, and market capitalization. Hedge funds are valued using the net asset value practical expedient (NAV practical expedient) of the fund as reported by the fund manager. The NAV practical expedient is based on the fair value of the underlying assets in the funds, minus its liabilities, and then divided by the number of units outstanding. Purchases may be made monthly. Sales may be made quarterly with 45 days' notice.

Collective trust funds and unit investment trusts – Units held in collective trusts (CT) and unit investment trusts (UIT) are valued using the NAV practical expedient of the CT and UIT as reported by the CT and UIT managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CT and UIT, minus its liabilities, and then divided by the number of units outstanding, respectively. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV practical expedient. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the CT or UIT, the investment advisors reserve the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The Plan has investments in the Schwab Institutional Fixed Income Fund which is a common/collective investment trust fund that invests mainly in high quality, investment grade bonds. Additionally, the fund may contain allocations to higher yielding instruments such as global and emerging market debt and high yield corporate bonds. The fund utilizes multiple sub-advisors whose recommendations are based on complementary investment strategies, providing clients with a more diversified portfolio, although there is no guarantee against loss of principal. The fund has no liquidity issues or redemption restrictions.

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

The following tables disclose the fair value hierarchy of the Plan's assets by level as of December 31, 2019 and 2018:

	Fair Value Measurement at December 31, 2019			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 45,943,303	$ -	$ -	$ 45,943,303
Common stocks	558,315	-	-	558,315
Cash and money funds	3,633,799	-	-	3,633,799
Total assets in the fair value hierarchy	$ 50,135,417	$ -	$ -	50,135,417
Investments measured at NAV practical expedient				7,420,762
Investments at fair value				$ 57,556,179

	Fair Value Measurement at December 31, 2018			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 35,708,229	$ -	$ -	$ 35,708,229
Common stocks	515,891	-	-	515,891
Cash and money funds	3,613,437	-	-	3,613,437
Total assets in the fair value hierarchy	$ 39,837,557	$ -	$ -	39,837,557
Investments measured at NAV practical expedient				5,925,825
Investments at fair value				$ 45,763,382

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

NOTE 4 – TAX STATUS

The plan document is a prototype standardized defined contribution plan that received a favorable opinion letter from the Internal Revenue Service on June 19, 2014, which stated that the Plan, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the values of the investments in the near term could materially affect a participant's account balance and the amounts reported in the statement of net assets available for benefits.

NOTE 6 – INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Bank, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018.
- Net appreciation in fair value of investments, dividends, capital gains, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2019.
- Investments reflected on the schedule of assets (held at end of year).

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Charles Schwab Bank. Charles Schwab Bank is the trustee of the Plan and, therefore, transactions with this entity qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services to the trustee were $17,184 for the year ended December 31, 2019.

NOTE 8 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA. If the Plan is terminated, amounts allocated to a participant's account become fully vested.

Supplemental Schedule
Required by the Department of Labor

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2019

Plan Sponsor: Hellman & Friedman
Employer Identification Number: 38-3708132
Plan Number: 002
Schedule H, Line 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MUTUAL FUNDS/COLLECTIVE TRUSTS:			
	American Funds New World R6	Registered Investment Company	**	$ 933,587
	Dodge & Cox Intl Stock Fd	Registered Investment Company	**	1,767,307
	Fidelity Midcap Value	Registered Investment Company	**	523,870
	Pimco Foreign Bond Fund	Registered Investment Company	**	63,708
*	Schwab S&P 500 Index Fund — Select S	Registered Investment Company	**	6,363,273
	Trowe Real Estate	Registered Investment Company	**	609
	Trowe QM US Sm Cap Grth Eqty	Registered Investment Company	**	275,907
	Vanguard Balanced Index Adm	Registered Investment Company	**	4,889,866
	Vanguard Growth Index Admiral	Registered Investment Company	**	2,095,046
	Vanguard High-Yield Corporate FND	Registered Investment Company	**	745,796
	Vanguard Mid Cap Growth Index Inv	Registered Investment Company	**	671,824
	Vanguard Mid Cap Index Admiral	Registered Investment Company	**	992,842
	Vanguard Small-Cap Value Index Admrl	Registered Investment Company	**	731,988
	Vanguard Small Cap Value Index	Registered Investment Company	**	478,873
	Vanguard Target Retirement 2020 Fd I	Registered Investment Company	**	104,501
	Vanguard Target Retirement 2030 Fd I	Registered Investment Company	**	2,629,073
	Vanguard Target Retirement 2035 Fd I	Registered Investment Company	**	13,477
	Vanguard Target Retirement 2040 Fd I	Registered Investment Company	**	3,348,752
	Vanguard Target Retirement 2045 Fd I	Registered Investment Company	**	66,242
	Vanguard Target Retirement 2050 Fd I	Registered Investment Company	**	757,809
	Vanguard Target Retirement 2055 Fd I	Registered Investment Company	**	229,828
	Vanguard Target Retirement 2060 Fd I	Registered Investment Company	**	167,816
	Vanguard Target Retirement Income In	Registered Investment Company	**	441,233
	Vanguard Total Intl Stk Index Adm	Registered Investment Company	**	1,130,467
	Vanguard Value Index Adm	Registered Investment Company	**	2,181,238
	Morley Stable Value Fund	Collective Trust Fund	**	485,175
*	Schwab Instl Fixed Income CL 3	Collective Trust Fund	**	889,821
	Total mutual funds and others			$ 32,979,928
	SELF-DIRECTED BROKERAGE INVESTMENTS:			
*	Schwab Value Advantage Money Fund	Cash equivalents	**	$ 144,205
	Cash	Cash equivalents	**	3,489,594
	Alcoa Corp	Common stock	**	2,388
	Altria Group Inc	Common stock	**	2,495
	Amazon Com Inc	Common stock	**	12,935
	Apple Inc	Common stock	**	10,939
	Arconic Inc	Common stock	**	10,246
	Bank of America Corp	Common stock	**	23,527
	Biogen Idec Inc	Common stock	**	13,650
	Blackstone Group Inc	Common stock	**	3,077
	Boeing Co	Common stock	**	24,432
	Bristol-Myers Squibb Co	Common stock	**	19,257
	Charles Schwab Corporation	Common stock	**	7,372
	Cisco System Inc	Common stock	**	46,370
	Constellation Brand Cl A	Common stock	**	4,744
	Costco Whls Corp New	Common stock	**	13,226
	Dominion Res Inc VA	Common stock	**	4,141
	Evolving Sys Inc	Common stock	**	1,395
	Exelixis Inc	Common stock	**	17,620
	Exxon Mobil Corporation	Common stock	**	10,467
	Garmin Ltd New	Common stock	**	43,120
	General Elecgtric Co	Common stock	**	1,451
	Huron Consulting Group	Common stock	**	6,872

Plan Sponsor: Hellman & Friedman
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Plan Number: 002
Schedule H, Line 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Illinois Tool Wks Inc	Common stock	**	8,981
	Incyte Genomics Inc	Common stock	**	8,732
	Kraft Heinz Company	Common stock	**	353
	Lumentum Holdings	Common stock	**	2,934
	Macom Tech Solutions Holdings, Inc	Common stock	**	80
	Merck & Co Inc New	Common stock	**	1,819
	Micron Technology Inc	Common stock	**	18,823
	Microsoft Corp	Common stock	**	59,805
	Mondelez Intl Inc	Common stock	**	1,873
	Nucor	Common stock	**	7,035
	Oracle Corporation	Common stock	**	25,060
	PJT Partners Inc	Common stock	**	45
	Philip Morris Intl Inc	Common stock	**	4,254
	Pioneer National Res Co	Common stock	**	7,569
	Sigma Labs Inc	Common stock	**	79
	Vertex Pharmaceuticals	Common stock	**	65,685
	Viavi Solutions Inc	Common stock	**	2,805
	Visa	Common stock	**	12,213
	Walt Disney Co	Common stock	**	28,926
	Wells Fargo & Co New	Common stock	**	21,520
	Allianz Global Small Cap Cl A	Mutual funds	**	19,439
	Allianz Nfj Dividend Value Fund Cl A	Mutual funds	**	31,173
	American Beacon Largecap Val Inv	Mutual funds	**	31,020
	American Century Equity Income Fd In	Mutual funds	**	53,676
	American Europacific Fd Cl F1	Mutual funds	**	62,917
	American Fundamental Inv Fd Cl F1	Mutual funds	**	12,513
	American International Grown and Income F1	Mutual funds	**	47,178
	Artisan International Fund Inv	Mutual funds	**	738,169
	Artisan International Value Fund	Mutual funds	**	35,740
	Artisan Midcap Fd	Mutual funds	**	310,565
	Artisan Small Cap Investor Fund	Mutual funds	**	1,016,000
	Baron Growth Fund	Mutual funds	**	23,015
	BNY Mellon Midcap Index Fund	Mutual funds	**	17,859
	BNY Mellon Yield Enhancement Strategy I	Mutual funds	**	18,822
	Calvert Global Water Fd Cl Cl A	Mutual funds	**	14,418
	Cgm Realty Fund	Mutual funds	**	15,461
	Clipper Fund	Mutual funds	**	32,582
	Cohen & Steers Realty Shares	Mutual funds	**	29,525
	DFA Emerging Markets Portfolio I	Mutual funds	**	296,986
	DFA Emerging Mkts Value Port Instl	Mutual funds	**	36,321
	DFA Global Core Plus Fixed Income Instl	Mutual funds	**	75,036
	DFA Intl Small Cap Value Portfolio	Mutual funds	**	68,862
	DFA Intl Small Co Portfolio Fund	Mutual funds	**	258,438
	DFA INTL Value III Port INST	Mutual funds	**	349,086
	DFS Intl Value Port Instl	Mutual funds	**	43,944
	DFA Realestate Secrties Portfolio I	Mutual funds	**	47,524
	DFA US LARGE CAP VALUE III PORT INST	Mutual funds	**	74,394
	DSF Us Large Cap Value Port Instl	Mutual funds	**	61,696
	DFA US Large Co Instl Index Port	Mutual funds	**	56,977
	DFA US Micro Cap Port Instl	Mutual funds	**	66,001
	DFA US Small Cap Value Port Instl	Mutual funds	**	87,679
	Dodge & Cox Global Stock Fd	Mutual funds	**	2,786,999
	Dodge & Cox Income FD	Mutual funds	**	32,906
	Dodge & Cox Intl Stock Fd	Mutual funds	**	173,601
	Eaton Vance Fl Rt In Tr	Mutual funds	**	374,046

Plan Sponsor: Hellman & Friedman
Employer Identification Number: 38-3708132
Plan Number: 002
Schedule H, Line 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Eaton Vance Floating Rate Adv Fd A	Mutual funds	**	4,313
	Fairholme Fund	Mutual funds	**	26,873
	Fidelity Contra Fund	Mutual funds	**	29,050
	Fidelity High Income Fund	Mutual funds	**	26,328
	FMI International Fund	Mutual funds	**	20,865
	Franklin Dynatech Fund	Mutual funds	**	13,890
	Goldman Sachs Tech Oppty A	Mutual funds	**	26,721
	Harding Loevner Emerging Markets	Mutual funds	**	16,072
	Highland Global Alloc	Mutual funds	**	187,588
	India Fund Inc	Mutual funds	**	8,104
	Invesco Oppenheimer Intl Bond Fund A	Mutual funds	**	6,935
	Invesco Oppenheimer Intl Growth Fund A	Mutual funds	**	20,972
	Janus Balanced Fund Class T	Mutual funds	**	33,414
	Janus Contrarian Fund Class T	Mutual funds	**	57,090
	Janus Flexible Bond Fund Class T	Mutual funds	**	17,899
	Janus Global Select Fund Class T Sha	Mutual funds	**	21,854
	Janus Growth & Income Fund Class T	Mutual funds	**	35,559
	Janus Mid Cap Value Fund Class T	Mutual funds	**	28,109
	Janus US Mgd Volatility	Mutual funds	**	31,383
	JP Morgan Mid Cap Growth A	Mutual funds	**	21,513
	Laudus U.S. Large Cap Growth Fund	Mutual funds	**	36,934
	Lazard Intl Equity Portfolio Open	Mutual funds	**	15,156
	Lord Abbett Short Dur Income CL A	Mutual funds	**	39,026
	Meridian Growth Fund	Mutual funds	**	7,341
	Metropolitan West Total Return	Mutual funds	**	33,062
	MFA Mortgage Investments	Mutual funds	**	22,002
	MFS Mass Investors Trust Cl A	Mutual funds	**	13,098
	Mondrian INTL EQTY	Mutual funds	**	1,097,428
	Neuberger Berman MLP Income	Mutual funds	**	9,822
	Oakmark Fund I	Mutual funds	**	43,867
	Oakmark Intl Small Cap Fd I	Mutual funds	**	71,953
	Osterweis Fund	Mutual funds	**	764,353
	Parnassus Equity Income Fd Inv	Mutual funds	**	58,494
	Pax World Balanced Fd Individual Inv	Mutual funds	**	24,142
	Perritt Micro Cap Opportunities Fund	Mutual funds	**	40,532
	PGIM High Yield Fund Z	Mutual funds	**	9,766
	Principal FDS Global Real Estate A	Mutual funds	**	14,223
	Riskpro Aggressive 30 Plus Fd Cl R	Mutual funds	**	25,072
	Riskpro Dynamic 15 to 25 Fd Cl R	Mutual funds	**	12,057
	Riskpro Dynamic 20 To 30 FD CL R	Mutual funds	**	15,125
	Riskpro PFG Aggressive 30 Fd Cl R	Mutual funds	**	27,663
	Riskpro PFG Bal 20 to 30 Fd Cl R	Mutual funds	**	7,749
	Riskpro PFG Equity 30 Plus Fd Cl R	Mutual funds	**	24,209
	Riskpro PFG Global 30 Plus Fd Cl R	Mutual funds	**	28,390
	Riskpro PFG 30 Plus Fd Cl R	Mutual funds	**	13,264
	Royce Micro Cap Fund Investment Cl	Mutual funds	**	13,043
*	Schwab Fundamental US Lrge Co Index	Mutual funds	**	43,480
*	Schwab Intl Index Fd	Mutual funds	**	13,946
*	Schwab S&P 500 Index Fund — Select S	Mutual funds	**	762,318
*	Schwab SM Cap Equity Fd	Mutual funds	**	18,178
*	Schwab Small Cap Index Select	Mutual funds	**	15,494
*	Schwab Target 2030 Fund	Mutual funds	**	24,447
*	Schwab Target 2040 Fund	Mutual funds	**	14,923
*	Schwab Total Stk Mkt Index	Mutual funds	**	15,296
	State Street Disciplined Emrg Mkts E	Mutual funds	**	17,009

Plan Sponsor: Hellman & Friedman
Employer Identification Number: 38-3708132
Plan Number: 002
Schedule H, Line 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	T Rowe Price Equity Income Fund	Mutual funds	**	76,537
	Third Avenue Value Fund Instl	Mutual funds	**	43,321
	Tocqueville Gold Fund	Mutual funds	**	1,894,661
	UBS Global Allocation Cl Y	Mutual funds	**	29,489
	US Global Investors Eastern European	Mutual funds	**	6,924
	Van Eck Cm Commodity Index Fd A	Mutual funds	**	12,643
	Vanguard Dividend Growth Fund	Mutual funds	**	68,843
	Vanguard Emerging Mkts Stock Index	Mutual funds	**	17,279
	Vanguard Energy Fund Inv	Mutual funds	**	78,631
	Vanguard European Stock Index Fd Inv	Mutual funds	**	20,662
	Vanguard Growth Index Fd Admiral	Mutual funds	**	41,833
	Vanguard Interm Term Tax Exmpt Fd Inv	Mutual funds	**	11,115
	Vanguard Interm Term Inv Grd Fund	Mutual funds	**	12,630
	Vanguard Long Term Invtmnt Grade Inv	Mutual funds	**	13,492
	Vanguard Mid-Cap Growth Invs Shs	Mutual funds	**	17,241
	Vanguard Short-Term Invst Grade Adm	Mutual funds	**	11,380
	Vanguard Target Retirement 2025 Fd I	Mutual funds	**	47,955
	Vanguard Total Intl Stk Index Fd Adm	Mutual funds	**	11,439
	Vanguard Total Stock Markt Indx Fd Adm	Mutual funds	**	292,654
	Vanguard Value Index Admiral	Mutual funds	**	55,364
	Vanguard Wellington Fund Inv	Mutual funds	**	22,499
	Vanguard 500 Index Fund	Mutual funds	**	81,961
	Voya Corporate Leaders Trust Fd	Mutual funds	**	16,635
	Wells Fargo Advtg Spec Mid Cap Val A	Mutual funds	**	25,221
	Alerian Mlp Etf	Unit investment trusts	**	64,518
	BLDRS Emerging Mkts	Unit investment trusts	**	11,865
	CurrencyShares Euro Tr	Unit investment trusts	**	2,870
	Invesco DB Commodity Index Tracking	Unit investment trusts	**	36,568
	Invesco DB US Dollar Indx Bull Fnd	Unit investment trusts	**	11,167
	Invesco Golden Dragon	Unit investment trusts	**	14,299
	Invesco QQQ Trust	Unit investment trusts	**	187,344
	Ishares Broad USD Invest GR BD ETF	Unit investment trusts	**	40,810
	First Tr Bick Index	Unit investment trusts	**	8,558
	iShares China Large Cap	Unit investment trusts	**	12,973
	iShares Core Aggressive Allocation	Unit investment trusts	**	192,270
	iShares Core S&P Mid-Cap	Unit investment trusts	**	61,745
	iShares Core S&P Small-Cap	Unit investment trusts	**	32,701
	iShares Core S&P 500	Unit investment trusts	**	95,971
	iShares Gold Trust	Unit investment trusts	**	262,986
	iShares IBOXX Invst Grade Crp Bond	Unit investment trusts	**	19,580
	iShares Intl Gov Credit Bond ETF	Unit investment trusts	**	58,583
	iShares International Dev Rel Est	Unit investment trusts	**	27,059
	iShares MSCI EAFE	Unit investment trusts	**	199,783
	iShares MSCI EAFE SMALL-CAP	Unit investment trusts	**	15,570
	iShares MSCI Emerging Markets	Unit investment trusts	**	313,984
	iShares MSCI Japan ETF New	Unit investment trusts	**	160,785
	iShares North Amer Natl Res ETF	Unit investment trusts	**	6,863
	iShares North Amer Tech ETF	Unit investment trusts	**	35,354
	iShares Russell 2000	Unit investment trusts	**	36,616
	iShares S&P Euro 350	Unit investment trusts	**	16,440
	iShares S&P Gbl Consumer	Unit investment trusts	**	648,537
	iShares MSCI All Count ASA Ex Jp ETF	Unit investment trusts	**	49,491
	iShares Tr DJ US Consumer Goods Sect	Unit investment trusts	**	13,815
	iShares Tr DJ US Utils	Unit investment trusts	**	16,419
	iShares US Consumer Goods ETF IV	Unit investment trusts	**	12,519

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2019

Plan Sponsor: Hellman & Friedman
Employer Identification Number: 38-3708132
Plan Number: 002
Schedule H, Line 4(i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	iShares Tips Bond Fund	Unit investment trusts	**	14,220
	iShares 7-10 Year Treasury Bond	Unit investment trusts	**	13,206
	Pimco Exchange Traded Fund	Unit investment trusts	**	15,434
*	Schwab Etfs-Us Broad Market Etf	Unit investment trusts	**	666,839
	Schwab US Large-Cap Growth ETF	Unit investment trusts	**	62,911
*	Schwab US Mid-Cap ETF	Unit investment trusts	**	51,564
*	Schwab US Small-Cap ETF	Unit investment trusts	**	2,130
	Schwab 1000 Index ETF	Unit investment trusts	**	12,275
	SPDR Gold Trust SPDR Gold Shares	Unit investment trusts	**	23,436
	SPDR S&P Dividend ETF	Unit investment trusts	**	60,895
	SPDR S&P Emerging Mkts Small Cap ETF	Unit investment trusts	**	27,333
	Vanguard Div Appr Vipers	Unit investment trusts	**	18,867
	Vanguard FTSE All-World Ex-US	Unit investment trusts	**	69,444
	Vanguard FTSE Emerging Markets	Unit investment trusts	**	212,365
	Vanguard Mid-Cap	Unit investment trusts	**	88,511
	Vanguard REIT	Unit investment trusts	**	76,595
	Vanguard Small-Cap ETF	Unit investment trusts	**	37,435
	Vanguard Total Internatl Stock Etf	Unit investment trusts	**	487,287
	Vanguard Total Stock Mkt	Unit investment trusts	**	959,012
	Vanguard Total World Stock Etf	Unit investment trusts	**	131,796
	Vanguard Value ETF	Unit investment trusts	**	82,568
	Wisdomtree Emerging	Unit investment trusts	**	6,208
	Wisdomtree India Earning	Unit investment trusts	**	9,045
	Wisdomtree Jap Smcap Div	Unit investment trusts	**	88,296
	Wisdomtree US Dividend Growth Etf	Unit investment trusts	**	160,051
	Total self-directed brokerage investments			24,576,251
*	Participant Loans	Interest rates ranging from 3.25% to 5.50%, maturing through September 2025	**	171,499
				$ 57,727,678

* Indicates party-in-interest.
** Information is not required as investments are participant directed.


MOSSADAMS

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2019

EIN: 38-3708132
Plan Number: 002

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Funds	06-1349805	Rate of 0.02% of average daily balance of asset(s)
Allianz Funds	06-1349805	Rate of 0.50% of average daily balance of asset(s)
American Beacon	75-2401150	Rate of 0.40% of average daily balance of asset(s)
American Century Investments	43-0821857	Rate of 0.35% of average daily balance of asset(s)
American Funds	90-0924512	Rate of 0.37% of average daily balance of asset(s)
Artisan	39-1811840	Rate of 0.40% of average daily balance of asset(s)
Baron Capital Group	13-3107580	Rate of 0.40% of average daily balance of asset(s)
BNY Mellon	Not Available	Range of 0.10 - 0.35% of average daily balance of assets
Calvert Research and Management	Not Available	Rate of 0.40% of average daily balance of asset(s)
Clipper Fund	65-3893011	Rate of 0.46% of average daily balance of asset(s)
Cohen & Steers	14-1904657	Rate of 0.40% of average daily balance of asset(s)
Dodge & Cox	Not Available	Rate of 0.10% of average daily balance of asset(s)
Eaton Vance	04-2718215	Rate of 0.40% of average daily balance of asset(s)
Fairholme	22-3526594	Rate of 0.10% of average daily balance of asset(s)
Fidelity Investments	06-1194217	Rate of 0.25% of average daily balance of asset(s)
Fidelity Investments	06-1194217	Rate of 0.10% of average daily balance of asset(s)
FMI Funds	39-1861095	Rate of 0.40% of average daily balance of asset(s)
Franklin Templeton Investments	94-3167260	Rate of 0.40% of average daily balance of asset(s)
Goldman Sachs	46-5215217	Rate of 0.50% of average daily balance of asset(s)
Harding Loevner	Not Available	Rate of 0.40% of average daily balance of asset(s)
Invesco	58-2287224	Rate of 0.50% of average daily balance of asset(s)
Janus Henderson	43-1804048	Rate of 0.35% of average daily balance of asset(s)
JPMorgan	13-2624428	Rate of 0.50% of average daily balance of asset(s)
Laudus Funds	94-3106735	Rate of 0.10% of average daily balance of asset(s)
Lazard	Not Available	Rate of 0.40% of average daily balance of asset(s)
Lord Abbett	13-3731507	Rate of 0.30% of average daily balance of asset(s)
Meridian	94-2408246	Rate of 0.06% of average daily balance of asset(s)
Metropolitan West Funds	95-4597302	Rate of 0.10% of average daily balance of asset(s)
MFS	04-3253929	Rate of 0.45% of average daily balance of asset(s)
Mondrian	Not Available	Rate of 0.10% of average daily balance of asset(s)
Oakmark	52-2257782	Rate of 0.35% of average daily balance of asset(s)
Osterweis	94-2871718	Rate of 0.10% of average daily balance of asset(s)
Parnassus	94-6579180	Rate of 0.40% of average daily balance of asset(s)
Pax World	Not Available	Rate of 0.40% of average daily balance of asset(s)
Perritt	04-3788672	Rate of 0.40% of average daily balance of asset(s)
PGIM Funds (Prudential)	Not Available	Rate of 0.25% of average daily balance of asset(s)
Principal Funds	42-1520346	Rate of 0.40% of average daily balance of asset(s)
Royce Investment Partners	52-2343049	Rate of 0.30% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.13 - 0.25% of average daily balance of assets
State Street Global Advisors (Chicago)	42-1704580	Rate of 0.30% of average daily balance of asset(s)
T. Rowe Price	52-2264646	Rate of 0.15% of average daily balance of asset(s)
The Pacific Financial Group	Not Available	Rate of 0.40% of average daily balance of asset(s)
Third Avenue	01-0690900	Rate of 0.48% of average daily balance of asset(s)
Tocqueville	13-3549887	Rate of 0.40% of average daily balance of asset(s)
U.S. Global Investors	Not Available	Rate of 0.40% of average daily balance of asset(s)
UBS Asset Management	98-0186363	Rate of 0.55% of average daily balance of asset(s)
VanEck	Not Available	Rate of 0.40% of average daily balance of asset(s)
Voya	95-4516049	Rate of 0.30% of average daily balance of asset(s)
Wells Fargo Funds	41-0449260	Rate of 0.55% of average daily balance of asset(s)

Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2019

EIN: 38-3708132
Plan Number: 002

Received By Charles Schwab Trust Bank (EIN: 82-3967259)

Fund Family/Provider	EIN	Formula
Schwab Funds	94-3106735	Rate of 0.05% of average daily balance of asset(s)

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

NAME OF PLAN SPONSOR: Hellman & Friedman LLC
NAME OF PLAN: Hellman & Friedman Profit Sharing and 401(k) Savings Plan
EIN: 38-3708132
PLAN NUMBER: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (3.25% - 5.5%)		171,499
	MORLEY STABLE VALUE FUND	Common Collective Trust Fund		485,175
*	SCHWAB INSTL FIXED INCOME CL 3	Common Collective Trust Fund		889,821
	PCRA	Self-Directed Brokerage Account		24,576,251
	AMERICAN FUNDS NEW WORLD R6	Registered Investment Company		933,587
	DODGE & COX INTL STOCK	Registered Investment Company		1,767,307
	FIDELITY MIDCAP VALUE	Registered Investment Company		523,870
	PIMCO INTL BOND USD HDGD INSTL	Registered Investment Company		63,708
*	SCHWAB S&P 500 INDEX FUND	Registered Investment Company		6,363,274
	T ROWE PRICE REAL ESTATE	Registered Investment Company		609
	TROWE QM US SM CAP GRTH EQTY	Registered Investment Company		275,907
	VANGUARD BALANCED INDEX ADM	Registered Investment Company		4,889,865
	VANGUARD GROWTH INDEX ADMIRAL	Registered Investment Company		2,095,046
	VANGUARD HIGH YIELD CORP FND	Registered Investment Company		745,796
	VANGUARD MDCP GRTH INDEX ADM	Registered Investment Company		671,824
	VANGUARD MID CAP INDEX ADMIRAL	Registered Investment Company		992,842
	VANGUARD SM CAP VAL INDEX ADM	Registered Investment Company		731,988
	VANGUARD SMALL CAP INDEX ADMRL	Registered Investment Company		478,873
	VANGUARD TARGET RETIREMNT 2020	Registered Investment Company		104,501
	VANGUARD TARGET RETIREMNT 2030	Registered Investment Company		2,629,073
	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		13,477
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		3,348,751
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		66,242
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		757,809
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		229,829
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		167,816
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		441,233
	VANGUARD TOT INTL STK IDX ADM	Registered Investment Company		1,130,467
	VANGUARD VALUE INDEX ADM	Registered Investment Company		2,181,238

* Party-in-interest