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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CERBERUS CAPITAL MANAGEMENT, L.P. PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)
CERBERUS CAPITAL MANAGEMENT, L.P.

875 THIRD AVENUE, FLOOR 11
NEW YORK, NY 10022-7223

2b Employer Identification Number (EIN) 13-3709388

2c Plan Sponsor's telephone number 212-891-2100

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.	10/13/2020	SHEILA PELUSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	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**	937
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)**	489
a(2) Total number of active participants at the end of the plan year	**6a(2)**	481
b Retired or separated participants receiving benefits	**6b**	257
c Other retired or separated participants entitled to future benefits	**6c**	235
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	973
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	976
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	975
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2H 2J 2S 2T 3B 3D 3H

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)	[X] 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)** [X] 1 **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
CERBERUS CAPITAL MANAGEMENT, L.P. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CERBERUS CAPITAL MANAGEMENT, L.P.

D Employer Identification Number (EIN)
13-3709388

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3646501	86375	84668	737	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
43519	73616

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AXA NETWORK LLC
1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
43519	28981	ADVISORY FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

T R PAUL, INC.
14 COMMERCE ROAD
NEWTOWN, CT 06470

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	44635	TPA FEES PAID	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	200614428

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
CERBERUS CAPITAL MANAGEMENT, L.P. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CERBERUS CAPITAL MANAGEMENT, L.P.

D Employer Identification Number (EIN)
13-3709388

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).. . . . . ☐ 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

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

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

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

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

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

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

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

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

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

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

(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)

JOHN HANCOCK NEW YORK

13-3646501

(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 28 60 62 63 67 68	RECORDKEEPER	970	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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
CERBERUS CAPITAL MANAGEMENT, L.P. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CERBERUS CAPITAL MANAGEMENT, L.P.

D Employer Identification Number (EIN)
13-3709388

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:	AMERICAN FUNDS 2055 TD		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	165248
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS 2045 TD		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	238550
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS 2030 TD		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1037705
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT INCOME		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	890468
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS 2020 TD		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	143977
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RET 2060		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1268067
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RET 2055		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6713261

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20596874

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21853914

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY EM

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1114991

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1367391

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1811414

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1573262

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1918579

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17184219

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1092820

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE SECURITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1626243

a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RET 2050		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8720399
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD SMALL CAP VALUE INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1792881
a Name of MTIA, CCT, PSA, or 103-12 IE:	MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1941593
a Name of MTIA, CCT, PSA, or 103-12 IE:	JOHN HANCOCK DISCIPLINED VALUE FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2740155
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4890843
a Name of MTIA, CCT, PSA, or 103-12 IE:	TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2728051
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RET 2045		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21349093
a Name of MTIA, CCT, PSA, or 103-12 IE:	500 INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10118008
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK GLOBAL ALLOCATION FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2083581
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RET 2040		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK NEW YORK		
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25204704

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19238400
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1967774
a Name of MTIA, CCT, PSA, or 103-12 IE: JH BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5157476
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERMEDIATE TERM BOND IND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2467412
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	210256
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2015			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1627005
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6472330
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW PERSPECTIVE			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1157825
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 TD			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56197
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2050 TD			
b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK			
c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51749

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2040 TD

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41592

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2035 TD

b Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121

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
CERBERUS CAPITAL MANAGEMENT, L.P. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CERBERUS CAPITAL MANAGEMENT, L.P.

D Employer Identification Number (EIN)
13-3709388

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	165665	23641
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12681236	12141613
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	65139	0
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)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	833065	706408
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	163812715	200614428
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2029037	1266305

			(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	179586857	214752395
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	19502	12621
k	Total liabilities (add all amounts in lines 1g through1j)	1k	19502	12621
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	179567355	214739774

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)	12114113	
	(B) Participants	2a(1)(B)	3729788	
	(C) Others (including rollovers)	2a(1)(C)	1732715	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		17576616
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)	40178	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		40178
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)	138714	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		138714

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		34413102
(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)		
c Other income	2c		446544
d Total income. Add all **income** amounts in column (b) and enter total	2d		52615154
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17256918	
(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)		17256918
f Corrective distributions (see instructions)	2f		53817
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	9835	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	122165	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		132000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17442735
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		35172419
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) [X] 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 [X] No

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

(1) Name: PRICEWATERHOUSECOOPERS LLC **(2)** EIN: 13-4008324

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		10000000
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		1266305
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
CERBERUS CAPITAL MANAGEMENT, L.P. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CERBERUS CAPITAL MANAGEMENT, L.P.

D Employer Identification Number (EIN)
13-3709388

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): 13-3646501

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_____

Cerberus Capital Management, L.P.
Profit Sharing 401(k) Plan
Financial Statements and Supplemental Schedule
December 31, 2019 and 2018

Cerberus Capital Management, L.P. Profit Sharing 401(k) Plan
Index
December 31, 2019 and 2018

Page(s)

Report of Independent Auditors 1-2

Financial Statements

Statements of Net Assets Available for Benefits
As of December 31, 2019 and 2018 3

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019 4

Notes to Financial Statements 5-14

Supplemental Schedule*

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2019 15

* Additional schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of Cerberus Capital Management, L.P. Profit Sharing 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying 2019 financial statements of Cerberus Capital Management, L.P. Profit Sharing 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2019, 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 2019 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; 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.

Auditors' Responsibility for the 2019 Financial Statements

Our responsibility is to express an opinion on the 2019 financial statements based on conducting the audit 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 on the 2019 Financial Statements paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements.

Basis for Disclaimer of Opinion on the 2019 Financial Statements

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

Disclaimer of Opinion on the 2019 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2019 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements.

Other Matters

Supplemental Information

The supplemental Schedule H, Line 4i - 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 the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2019 Financial Statements paragraph, we do not express an opinion on this supplemental schedule.

2018 Financial Statements

We have audited the accompanying 2018 financial statement of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2018, and in our report dated September 27, 2019, we expressed our opinion that such financial statement presents fairly, in all material respects, net assets available for benefits of the Plan as of December 31, 2018 in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for the 2019 Financial Statements

The form and content of the information included in the 2019 financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

October 14, 2020

Cerberus Capital Management, L.P. Profit Sharing 401(k) Plan
Statements of Net Assets Available for Benefits
As of December 31, 2019 and 2018

	2019	2018
Assets		
Investments, at fair value		
Cerberus International, Ltd.	$ 1,266,305	$ 2,029,037
John Hancock Pooled Separate Accounts	200,614,428	163,812,715
Total investments	201,880,733	165,841,752
Receivables		
Employer contribution	12,141,613	12,681,236
Notes receivable from participants	706,408	833,065
Other receivables	-	65,139
Total receivables	12,848,021	13,579,440
Noninterest-bearing cash	23,641	165,665
Total assets	214,752,395	179,586,857
Liabilities		
Other liabilities	12,621	19,502
Total liabilities	12,621	19,502
Net assets available for benefits	$ 214,739,774	$ 179,567,355

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

Cerberus Capital Management, L.P. Profit Sharing 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019

Additions to net assets attributed to:		
Investment income/(loss)		
Net appreciation/(depreciation) in fair value		
Cerberus International, Ltd.	$	138,714
John Hancock Pooled Separate Accounts		34,413,102
Total investment income/(loss)		34,551,816
Contributions		
Participant		3,729,788
Employer		12,114,113
Rollovers		1,732,715
Total contributions		17,576,616
Interest on notes receivable from participants		40,178
Other income		446,544
Total additions		52,615,154
Deductions from net assets attributed to:		
Benefits paid to participants		17,310,735
Administrative fees		132,000
Total deductions		17,442,735
Net increase in net assets available for benefits		35,172,419
Net assets available for benefits, beginning of year		179,567,355
Net assets available for benefits, end of year	$	214,739,774

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

1. Description of Plan

The following description of the Cerberus Capital Management, L.P. (the "Company" or the "Plan Administrator") Profit Sharing 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution profit sharing and 401(k) plan covering employees of the Company who are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Cerberus International, Ltd. ("Cerberus" or "Investment Fund") was previously the Plan's sole nonparticipant-directed investment and available as an investment to eligible participants from Plan inception to December 31, 2008. Effective May 29, 2009, the Company authorized John Hancock New York Retirement Plan Services ("John Hancock") to be the sole recipient of any contributions made on January 1, 2009 and thereafter.

Participants' contributions may be made into the default investment option, the Vanguard Target Retirement Funds. At the participants' discretion, contributions may be allocated to 42 other John Hancock Funds in lieu of the default investment option. Additionally, John Hancock serves as the record-keeper of the Plan. John Hancock Life Insurance Company of New York ("John Hancock Life Insurance") serves as the custodian of the participants' investment accounts in the John Hancock portion of the Plan.

a. Eligibility

Employees are eligible to participate in the Plan at the initial date of employment and attainment of age twenty-one (21) as stated in the Plan agreement.

b. Contributions and Funding Policy

Each year, participants may contribute up to 75% of pre-tax and post-tax annual compensation as defined in the Plan agreement, which is not to exceed the Internal Revenue Service ("IRS") pre-tax limit of $19,000 for the year ended December 31, 2019. Participants who have attained the age of fifty (50) before the end of the plan year are eligible to make catch-up contributions, which is limited to an additional IRS deferral limit increase of $6,000 for the year ended December 31, 2019. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Each year, the Company contributes to the Plan from its current profits before pension and profit-sharing costs and income taxes. The amount of the Company's contribution is discretionary and is allocated based on relative levels of compensation and is considered a "Nonelective Contribution". A "Nonelective Contribution" is defined as any employer contribution (including a contribution made at the employer's discretion) to the Plan, other than a participant's elective deferrals, qualified matching contributions and qualified nonelective contributions. The Plan Administrator establishes and maintains a "Nonelective Contribution Account" for each participant with respect to the participant's total interest in the Plan resulting from Nonelective Contributions. These profit sharing contributions were $12,114,113 and $12,681,236 for the years ended December 31, 2019 and 2018, respectively.

c. Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contribution and (b) Plan profit and loss. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting

Participants are immediately vested in their allocated employer and participant contributions plus actual earnings thereon.

e. Payment of Benefits

On termination of service due to death, disability or retirement, or other reasons, a participant or the designated beneficiary may choose to receive an amount equal to the value of the participant's vested interest in his or her account in a lump sum amount, or may elect to maintain his or her account in the Plan. If any of the assets of a Nonelective Contribution Account are invested in securities whose sale or redemption is restricted, the distribution to the beneficiary will be limited to the unrestricted assets of the Nonelective Contribution Account. As further payments are received from Cerberus with respect to the restricted securities, the beneficiary will receive additional amounts equal to the proportionate share of the cash received from Cerberus. Alternatively, the beneficiary may be able to receive a distribution in-kind of the securities whose sale or redemption is restricted.

A participant's vested interest is determined as of the Plan's valuation date coincident with or preceding the date of determination. For a participant's balance in Cerberus, the determination dates are March 31, June 30, September 30, and December 31, while the determination date for a participant's balance in John Hancock is daily. For participants with John Hancock account balances in excess of $1,000, an election is available to defer the distribution until the participant is required by law to receive minimum required distributions. If the participant in John Hancock or Cerberus has not attained the Plan's normal retirement age, 59 ½, they are not eligible to request a distribution of their vested account balance.

Liquidity risk arises when the Plan is not able to redeem its investments or raise other cash resources to settle the benefit payment obligations. The Plan may make distributions in-kind and may cause any distribution to be composed of cash, property or undivided fractional shares in property, provided, however, that no participant or beneficiary shall be required to accept more than his pro rata share of any in-kind distribution. See Note 4 for restrictions on redeeming from Cerberus.

f. Notes Receivable from Participants

Participants may borrow from their accounts at a minimum of $1,000 and a maximum of the lesser of one-half of the vested account balance or $50,000 reduced by the highest outstanding loan balance in the account during the prior twelve month period. A participant may only have one loan outstanding at any given time and the participant may not refinance an existing loan or obtain a second loan for the purpose of paying off the existing loan.

All loans bear interest at the Prime Rate + 1% as determined by the Plan Administrator based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. The interest rate remains fixed throughout the duration of the loan.

Notes receivable from participants must be repaid over a period not to exceed five years unless for the purchase of a principal residence.

2. Summary of Accounting Policies

a. Basis of Accounting

The accompanying financial statements of the Plan are prepared in compliance with the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA and the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

b. Use of Estimates

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

c. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

d. Payment of Benefits

Benefits are recorded when paid. Outstanding benefit payments at year end are treated as a reduction of benefits paid to participants in the statement of changes in net assets available for benefits. These amounts are reflected in Noninterest-bearing cash on the statement of net assets available for benefits.

e. Excess Contributions

The excess contributions were $12,621 and $19,502 for the years ended December 31, 2019 and 2018, respectively. The balance included in other liabilities for the years ended 2019 and 2018 is comprised of participant contributions and catch-up contributions in excess of IRS pre-tax limits.

f. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

The Plan Administrator will treat a loan in default if any scheduled payment remains unpaid beyond the last day of the calendar quarter following the calendar quarter in which the participant missed the scheduled payment or if the participant makes or furnishes any false representation or statement to the Plan. The participant will have the opportunity to repay the loan and resume current status of the loan by paying any missed payment plus interest. If the loan remains in default, the Plan Administrator will offset the participants vested account balances by the outstanding balance of the loan to the extent permitted by law. The Plan Administrator will treat

the note as repaid to the extent of any permissible offset. Pending final disposition of the note, the participant remains obligated for any unpaid principal and accrued interest.

If the participant is unable to repay the loan, or if the participant's employment is terminated without having paid back the loan in full, the outstanding (unpaid) amount is considered to be a withdrawal. In effect, the participant would owe state and federal taxes on the amount of the withdrawal, as well as a 10% penalty if under the age of 59 ½.

3. Recent Accounting Pronouncement

In August 2018, FASB issued ASU No. 2018-13 "Fair Value Measurement (Topic 820) – Changes to the Disclosure Requirements for Fair Value Measurements." The ASU intends to improve the effectiveness of disclosure requirements on fair value measurement. The ASU is effective for the Plan for annual reporting periods beginning after December 15, 2019 and early adoption is permitted. Management has elected to early adopt ASU No. 2018-13 and it has no material impact on the financial statements.

4. Fair Value Measurement

The Plan reports investments at fair value.

In accordance with the authoritative guidance on fair value measurements and disclosures under GAAP, the Plan discloses the fair value of its financial instruments in a hierarchy that prioritizes the inputs to valuation techniques used to measure the fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are as follows:

Level 1 – Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date;

Level 2 – Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly, including inputs in markets that are not considered to be active; and

Level 3 – Inputs that are significant and unobservable.

Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. Inputs may include price information, volatility statistics, specific and broad credit data, liquidity statistics, and other factors.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by the Plan Administrator. The Plan Administrator considers observable data to be that market data which is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by independent sources that are actively involved in the relevant market. The categorization of a financial instrument

within the hierarchy is based upon the pricing transparency of the instrument and does not necessarily correspond to the Plan Administrator's perceived risk of that instrument.

If the Plan Administrator determines that either the volume and/or level of activity for an asset or liability has significantly decreased (from normal conditions for that asset or liability) or price quotations or observable inputs are not associated with orderly transactions, increased analysis and management judgment will be required to estimate fair value. Valuation techniques such as an income approach might be appropriate to supplement or replace a market approach in those circumstances. The guidance also provides a list of factors to determine whether there has been a significant decrease in relation to normal market activity. Regardless of the valuation technique and inputs used, the objective for the fair value measurement in those circumstances is unchanged from what it would be if markets were operating at normal activity levels and/or transactions were orderly; that is, to determine the current exit price.

Nonparticipant-directed Investment in Investment Fund. The Plan's investment in the Investment Fund is reported at fair value based on the Plan's share in the net assets of the Investment Fund. This investment does not have readily ascertainable market values and is subject to certain withdrawal restrictions. The value of the Plan's investment in the Investment Fund represents the amount the Plan would expect to receive at December 31, 2019 and December 31, 2018, respectively, if it were to liquidate its investment. The Investment Fund is valued at its net asset value adjusted for expenses.

Due to the inherent uncertainty of the valuation of the Plan's investment and certain underlying investments held by the Investment Fund (which are valued by the Company in the absence of readily ascertainable market values), the estimated fair value of the Investment Fund may differ from the value that would have been used had a ready market existed for this investment, and the difference could be material.

The Investment Fund is a corporation organized in the Bahamas. The investment objective is to maximize total return on capital by seeking capital appreciation and, from time to time, current income, through the development and management of a diversified portfolio of distressed investments. The Company seeks to achieve this objective primarily through investment in securities and assets of companies: (i) facing operating difficulties; (ii) undergoing, or considered likely to undergo, reorganization under U.S. bankruptcy law or similar laws in other countries; (iii) which are or have been engaged in other transactions, such as debt restructuring, reorganization and liquidation outside of bankruptcy; and (iv) facing a broad range of liquidity issues.

There are restrictions on redemptions from the Investment Fund. Redemption proceeds may be in the form of cash or securities or a combination of the two, as determined by the Investment Fund's Board of Directors. A portion of such proceeds may be withheld on the redemption date and paid upon completion of its annual financial statement audit.

Partridge Hill Overseas Management, L.L.C., an affiliate of the Company, serves as the Investment Manager (the "Investment Manager") of the Investment Fund.

On September 30, 2009, the Investment Manager lifted the suspension of redemptions previously implemented and offered all shareholders the following choice: (i) have all or a portion of the shareholder's shares from the Investment Fund compulsorily redeemed as of September 30, 2009, and receive in connection with such redemptions, participating, vesting shares in a special purpose

vehicle, Cerberus International SPV, Ltd. (the "SPV") that holds a pro-rata share of all the cash, securities, assets and liabilities of the Investment Fund attributable to the percentage of the shareholders seeking to redeem or; (ii) remain fully or partially invested in the Investment Fund under new terms that include reinvesting proceeds from the sale of the Investment Fund's securities and assets into Cerberus International II, Ltd., a newly formed Cayman Islands exempted company ("Cerberus International II") and/or receive distributions in cash. At that time, the Company chose election (ii) on behalf of the participants in the Plan.

The Investment Fund will be managed to optimize the realized value of its existing portfolio and will have the ability to make follow-on investments, engage in hedging transactions and enter into repurchase agreements or other leverage arrangements. Proceeds from the realization of the Investment Fund's investments (after deduction for actual or anticipated expenses and such reserves as may be determined by the Investment Manager are needed for hedging transactions, repurchase agreements and follow-on investments) (such amounts "Available Cash") are either invested in Cerberus International II or distributed directly to continuing shareholders. Each remaining shareholder received new shares in Cerberus International II corresponding to its pro rata amount of the Available Cash contributed to Cerberus International II.

For the years ended December 31, 2019 and 2018, the Plan elected to receive all distributions from the Investment Fund in cash and reinvest such distributions in John Hancock. Distributions of $901,446 and $1,953,113 were received for the years ended December 31, 2019 and 2018, respectively.

The amount of investments in the Investment Fund related to participants who have terminated services due to death, disability, retirement or other qualifying events and who have also requested to receive an amount equal to the value of their respective vested interest in his or her account in a lump sum amount at the time of termination of services as of December 31, 2019 and 2018 is $770,284 and $823,180, respectively. These amounts are pending distribution to these participants in accordance with the terms detailed above and as required by applicable laws or regulations.

Pooled Separate Accounts. Investments in pooled separate accounts are valued at the unit value of units held by the Plan at year end as determined by John Hancock and are reviewed by the Plan Administrator. These securities generally may be redeemed daily.

The following table set forth by level presents, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019.

	Investments at Fair Value as of December 31, 2019			
Description	**Quoted Prices In Active Markets For Identical Assets Level 1**	**Significant Other Observable Inputs Level 2**	**Significant Unobservable Inputs Level 3**	**Total**
Distressed Fund:				
Cerberus International, Ltd. [(a)]	$ -	$ -	$ 1,266,305	$ 1,266,305
Total Distressed Fund	-	-	1,266,305	1,266,305
John Hancock New York Sub-accounts:				
Investments valued at practical expedient (excluded from the fair value hierarchy)				200,614,428
Total Investments at fair value				$ 201,880,733

(a) The Investment Fund is valued at its net asset value adjusted for expenses.

For the year ended December 31, 2019, there were no purchases of, or transfers in or out of, level 3 within the fair value hierarchy.

The following table set forth by level presents, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018.

	Investments at Fair Value as of December 31, 2018			
Description	**Quoted Prices In Active Markets For Identical Assets Level 1**	**Significant Other Observable Inputs Level 2**	**Significant Unobservable Inputs Level 3**	**Total**
Distressed Fund:				
Cerberus International, Ltd. [(a)]	$ -	$ -	$ 2,029,037	$ 2,029,037
Total Distressed Fund	-	-	2,029,037	2,029,037
John Hancock New York Sub-accounts:				
Investments valued at practical expedient (excluded from the fair value hierarchy)				163,812,715
Total Investments at fair value				$ 165,841,752

(a) The Investment Fund is valued at its net asset value adjusted for expenses.

For the year ended December 31, 2018, there were no purchases of, or transfers in or out of, level 3 within the fair value hierarchy.

5. Information Certified by John Hancock Life Insurance

As permitted by 29 CFR 2520.103-5 of the Department of Labor's ("DOL's") rules and regulations under ERISA, the investment balances as well as any information related to investments and investment activity and notes receivable from participants in the accompanying financial statements, were derived from information certified as complete and accurate by John Hancock Life Insurance.

The following information included in the accompanying financial statements was derived from data that has been prepared and certified as complete and accurate by John Hancock Life Insurance and was therefore not subject to audit. Reported values were determined as described in Note 2.

Assets held by the Plan and certified by John Hancock Life Insurance at December 31, 2019 were as follows:

	December 31, 2019
Assets	
Investments valued at practical expedient	$ 200,614,428
Notes Receivable from participants	706,408
Total certified assets	$ 201,320,836

Investments held by the Plan and certified by the custodian at December 31, 2019 were as follows:

Identity of issue, borrower, lessor, or similar party	Description of investment		Current value
Vanguard Target Ret 2040	Pooled Separate Account		25,204,704
Vanguard Target Ret 2030	Pooled Separate Account		21,853,914
Vanguard Target Ret 2045	Pooled Separate Account		21,349,093
Vanguard Target Ret 2035	Pooled Separate Account		20,596,874
John Hancock Stable Value Fund	Pooled Separate Account		19,238,400
Vanguard Target Ret 2025	Pooled Separate Account		17,184,219
500 Index Fund	Pooled Separate Account		10,118,008
Vanguard Target Ret 2050	Pooled Separate Account		8,720,399
Vanguard Target Ret 2055	Pooled Separate Account		6,713,261
Vanguard Target Ret 2020	Pooled Separate Account		6,472,330
John Hancock Bond Fund	Pooled Separate Account		5,157,476
Capital Appreciation Fund	Pooled Separate Account		4,890,843
John Hancock Disciplined Value Fund	Pooled Separate Account		2,740,155
Total Stock Market Index Fund	Pooled Separate Account		2,728,051
Vanguard Interm-Term Bond Idx	Pooled Separate Account		2,467,412
BlackRock Global Allocation Fund	Pooled Separate Account		2,083,581
American Balanced Fund	Pooled Separate Account		1,967,774
Mid Cap Index Fund	Pooled Separate Account		1,941,593
Vanguard Mid-Cap Growth ETF	Pooled Separate Account		1,918,579
International Equity Index Fund	Pooled Separate Account		1,811,414
Vanguard Small Cap Value Index Fund	Pooled Separate Account		1,792,881
Vanguard Target Ret 2015	Pooled Separate Account		1,627,005
Real Estate Securities Fund	Pooled Separate Account		1,626,243
Small Cap Index Fund	Pooled Separate Account		1,573,262
Vanguard Mid-Cap Value ETF	Pooled Separate Account		1,367,391
Vanguard Target Ret 2060	Pooled Separate Account		1,268,067
New Perspective Fund	Pooled Separate Account		1,157,825
American Century Em Fund	Pooled Separate Account		1,114,991
Invesco Small Cap Growth Fund	Pooled Separate Account		1,092,820
American Funds 2030 TD	Pooled Separate Account		1,037,705
Vanguard Target Ret Income	Pooled Separate Account		890,468
American Funds 2045 TD	Pooled Separate Account		238,550
DFA International Value	Pooled Separate Account		210,256
American Funds 2055 TD	Pooled Separate Account		165,248
American Funds 2020 TD	Pooled Separate Account		143,977
American Funds 2060 TD	Pooled Separate Account		56,197
American Funds 2050 TD	Pooled Separate Account		51,749
American Funds 2040 TD	Pooled Separate Account		41,592
American Funds 2035 TD	Pooled Separate Account		121
		$	200,614,428

Net investment income and interest on notes receivable from participants of the Plan for the year ended December 31, 2019 were as follows:

	December 31, 2019
Investment income/(loss)	$ 34,413,102
Interest on notes receivable from participants	40,178

6. Plan Termination

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

7. Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated September 19, 2011, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) for disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2016.

8. Risks and Uncertainties

The Plan provides for various investment options. Pooled Separate Accounts invest in funds holding a combination of stocks, bonds, fixed income securities and other investments securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

The Plan is also exposed to liquidity risk. Note 1 to the financial statements further explains liquidity risk.

In the normal course of operations, the Investment Fund makes investments in both long and short securities, and other financial instruments, including derivatives, where the risk of potential loss due to changes in the market (market risk) or failure of the other party to the transaction to perform (credit risk) exceeds the related amounts recorded. The Investment Fund also utilizes various degrees of leverage. However, due to the nature of the Plan's interest, such risks are limited to the Plan's investment in the Investment Fund.

9. Related Parties

The Investment Fund is managed by the Company and its affiliates. Certain Plan investments are units of pooled separate accounts managed by John Hancock, the record-keeper and custodian of the Plan. Additionally, the Plan trustees, who are principals of the Company, are participants in the Plan. Therefore, these transactions qualify as party-in-interest transactions. The Company pays for certain administrative costs on the Plan's behalf.

10. Subsequent Events

The Investment Fund has made distributions of $1,112,218 since January 1, 2020.

The Plan Administrator has evaluated subsequent events through October 14, 2020, the date the financial statements were available to be issued, and except as already included in the notes to these financial statements, has determined that no additional items require disclosure.

Cerberus Capital Management, L.P. Profit Sharing 401 (k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of December 31, 2019

	Identity of issue, borrower, lessor, or similar party	Description of investment	Cost	Current value
Distressed Fund:				
*	Cerberus International, Ltd.	Investment Fund	$ 282,358	$ 1,266,305
John Hancock New York Sub-accounts:				
*	Vanguard Target Ret 2040	Pooled Separate Account	(1)	25,204,704
*	Vanguard Target Ret 2030	Pooled Separate Account	(1)	21,853,914
*	Vanguard Target Ret 2045	Pooled Separate Account	(1)	21,349,093
*	Vanguard Target Ret 2035	Pooled Separate Account	(1)	20,596,874
*	John Hancock Stable Value Fund	Pooled Separate Account	(1)	19,238,400
*	Vanguard Target Ret 2025	Pooled Separate Account	(1)	17,184,219
*	500 Index Fund	Pooled Separate Account	(1)	10,118,008
*	Vanguard Target Ret 2050	Pooled Separate Account	(1)	8,720,399
*	Vanguard Target Ret 2055	Pooled Separate Account	(1)	6,713,261
*	Vanguard Target Ret 2020	Pooled Separate Account	(1)	6,472,330
*	John Hancock Bond Fund	Pooled Separate Account	(1)	5,157,476
*	Capital Appreciation Fund	Pooled Separate Account	(1)	4,890,843
*	John Hancock Disciplined Value Fund	Pooled Separate Account	(1)	2,740,155
*	Total Stock Market Index Fund	Pooled Separate Account	(1)	2,728,051
*	Vanguard Interm-Term Bond Idx	Pooled Separate Account	(1)	2,467,412
*	BlackRock Global Allocation Fund	Pooled Separate Account	(1)	2,083,581
*	American Balanced Fund	Pooled Separate Account	(1)	1,967,774
*	Mid Cap Index Fund	Pooled Separate Account	(1)	1,941,593
*	Vanguard Mid-Cap Growth ETF	Pooled Separate Account	(1)	1,918,579
*	International Equity Index Fund	Pooled Separate Account	(1)	1,811,414
*	Vanguard Small Cap Value Index Fund	Pooled Separate Account	(1)	1,792,881
*	Vanguard Target Ret 2015	Pooled Separate Account	(1)	1,627,005
*	Real Estate Securities Fund	Pooled Separate Account	(1)	1,626,243
*	Small Cap Index Fund	Pooled Separate Account	(1)	1,573,262
*	Vanguard Mid-Cap Value ETF	Pooled Separate Account	(1)	1,367,391
*	Vanguard Target Ret 2060	Pooled Separate Account	(1)	1,268,067
*	New Perspective Fund	Pooled Separate Account	(1)	1,157,825
*	American Century Em Fund	Pooled Separate Account	(1)	1,114,991
*	Invesco Small Cap Growth Fund	Pooled Separate Account	(1)	1,092,820
*	American Funds 2030 TD	Pooled Separate Account	(1)	1,037,705
*	Vanguard Target Ret Income	Pooled Separate Account	(1)	890,468
*	American Funds 2045 TD	Pooled Separate Account	(1)	238,550
*	DFA International Value	Pooled Separate Account	(1)	210,256
*	American Funds 2055 TD	Pooled Separate Account	(1)	165,248
*	American Funds 2020 TD	Pooled Separate Account	(1)	143,977
*	American Funds 2060 TD	Pooled Separate Account	(1)	56,197
*	American Funds 2050 TD	Pooled Separate Account	(1)	51,749
*	American Funds 2040 TD	Pooled Separate Account	(1)	41,592
*	American Funds 2035 TD	Pooled Separate Account	(1)	121
	Notes receivable from participants	Interest rate of 4.25% - 6.50%; Maturity dates ranging from 2020 through 2048.	-0-	706,408
Total			-	$ 202,587,141

***** Party-in-Interest

(1) This is a participant directed investment, therefore cost is not applicable.

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ___

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CERBERUS CAPITAL MANAGEMENT, L.P. PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)
CERBERUS CAPITAL MANAGEMENT, L.P.

875 THIRD AVENUE, FLOOR 11

NEW YORK NY 10022-7223

2b Employer Identification Number (EIN)
13-3709388

2c Plan Sponsor's telephone number
212-891-2100

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	Sheila Peluso	10/13/20	SHEILA PELUSO
	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:	**4b** EIN	
a Sponsor's name	**4d** PN	
c Plan Name		
5 Total number of participants at the beginning of the plan year	**5**	937
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)**	489
a(2) Total number of active participants at the end of the plan year	**6a(2)**	481
b Retired or separated participants receiving benefits	**6b**	257
c Other retired or separated participants entitled to future benefits	**6c**	235
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	973
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	976
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	975
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2H 2J 2S 2T 3B 3D 3H

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)	[X] 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) [X] 1 **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 H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

Cerberus Capital Management, L.P. Profit Sharing 401(k) Plan

Employer Identification Number:► 13-3709388

For plan year (beginning/ending):► 01/01/2019 to 12/31/2019 Plan number:► 001

(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
*	Cerberus International, Ltd.	Investment Fund	282,358	1,266,305
*	John Hancock NY	Vanguard Target Ret 2040		25,204,704
*	John Hancock NY	Vanguard Target Ret 2030		21,853,914
*	John Hancock NY	Vanguard Target Ret 2045		21,349,093
*	John Hancock NY	Vanguard Target Ret 2035		20,596,874
*	John Hancock NY	JH Stable Value		19,238,400
*	John Hancock NY	Vanguard Target Ret 2025		17,184,219
*	John Hancock NY	500 Index Fund		10,118,008
*	John Hancock NY	Vanguard Target Ret 2050		8,720,399
*	John Hancock NY	Vanguard Target Ret 2055		6,713,261
*	John Hancock NY	Vanguard Target Ret 2020		6,472,330
*	John Hancock NY	JH Bond Fund		5,157,476
*	John Hancock NY	Capital Appreciation Fund		4,890,843
*	John Hancock NY	JH Disciplined Value		2,740,155
*	John Hancock NY	Total Stock Market Index Fund		2,728,051
*	John Hancock NY	Vanguard Interm-Term Bond Index		2,467,412
*	John Hancock NY	BlackRock Global Allocation		2,083,581
*	John Hancock NY	American Balanced Fund		1,967,774
*	John Hancock NY	MidCap Index Fund		1,941,593
*	John Hancock NY	Vanguard Mid-Cap Growth ETF		1,918,579
*	John Hancock NY	International Equity Index		1,811,414
*	John Hancock NY	Vanguard Small Cap Value Index		1,792,881
*	John Hancock NY	Vanguard Target Ret 2015		1,627,005
*	John Hancock NY	Real Est. Securities Fund		1,626,243
*	John Hancock NY	Small Cap Index Fund		1,573,262
*	John Hancock NY	Vanguard Mid-Cap Value ETF		1,367,391
*	John Hancock NY	Vanguard Target Ret 2060		1,268,067
*	John Hancock NY	New Perspective Fund		1,157,825
*	John Hancock NY	American Century EM Fund		1,114,991
*	John Hancock NY	Invesco Small Cap Growth		1,092,820
*	John Hancock NY	American Funds 2030 Target Date		1,037,705
*	John Hancock NY	Vanguard Target Ret Income		890,468
*	John Hancock NY	American Funds 2045 Target Date		238,550
*	John Hancock NY	DFA International Value		210,256
*	John Hancock NY	American Funds 2055 Target Date		165,248
*	John Hancock NY	American Funds 2020 Target Date		143,977
*	John Hancock NY	American Funds 2060 Target Date		56,197
*	John Hancock NY	American Funds 2050 Target Date		51,749
*	John Hancock NY	American Funds 2040 Target Date		41,592
*	John Hancock NY	American Funds 2035 Target Date		121
	Plan Participant Loans	Maturity Dates: 2020 through 2048 Rate: 4.25% - 6.50%		706,408