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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1984

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HELLMAN & FRIEDMAN LLC

415 MISSION STREET, SUITE 5700
SAN FRANCISCO, CA 94105

2b Employer Identification Number (EIN) 38-3708132

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

2d Business code (see instructions) 523900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2021	JUDD SHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	178
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)**	111
a(2) Total number of active participants at the end of the plan year	**6a(2)**	118
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	73
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	191
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	191
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	186
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2G 2J 2R 2S 2T 3B 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
38-3708132

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	16053	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNY MELLON NATIONAL ASSOC

25-0659306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	8700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50 59 62 71	NONE	474	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 52 59 62	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO INC AND AFFILIA	59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEE ATTACHMENT 06-1349805	SEE ATTACHMENT

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
38-3708132

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625170-003	C	1037508

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	702480

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
38-3708132

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2188094	2488049
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	171499	200201
(9) Value of interest in common/collective trusts	1c(9)	1374996	1739988
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	31604932	37242701
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	24576251	24168893

			(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	59915772	65839832
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	59915772	65839832

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)	2489737	
	(B) Participants	2a(1)(B)	1660321	
	(C) Others (including rollovers)	2a(1)(C)	382915	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4532973
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)	6962	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6962
	(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)	722523	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		722523
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		96124
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4411501
c Other income	2c		2023600
d Total income. Add all **income** amounts in column (b) and enter total	2d		11793683
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5840204	
(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)		5840204
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	13366	
(4) Other	2i(4)	16053	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29419
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5869623
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5924060
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [X] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
38-3708132

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 82-3967259

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

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

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____



Report of Independent Auditors and
Financial Statements with Supplemental Schedule

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

December 31, 2020 and 2019

MOSSADAMS

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MOSSADAMS

Report of Independent Auditors

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hellman & Friedman Profit Sharing and 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Charles Schwab Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

Moss Adams LLP

San Francisco, California
October 7, 2021

Financial Statements

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments, at fair value		
Registered investment companies	$ 50,100,921	$ 45,943,303
Common stock	626,337	558,315
Collective investment trusts	1,739,988	1,374,996
Unit investment trusts	5,623,163	6,045,766
Cash and money funds	5,061,173	3,633,799
Total investments	63,151,582	57,556,179
Receivables		
Notes receivable from participants	200,201	171,499
Employer contributions	2,488,049	2,188,094
	2,688,250	2,359,593
TOTAL ASSETS	65,839,832	59,915,772
NET ASSETS AVAILABLE FOR BENEFITS	$ 65,839,832	$ 59,915,772

See accompanying notes.

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment gain	
Net appreciation in fair value of investments	$ 6,482,228
Dividends and capital gains	722,521
Interest	42,595
Net investment gain	7,247,344
Contributions	
Participant	1,660,321
Employer	2,489,737
Rollovers	382,915
Net contribution income	4,532,973
Total additions	11,780,317
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	5,840,204
Administrative expenses	16,053
Total deductions	5,856,257
CHANGE IN NET ASSETS	5,924,060
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	59,915,772
End of year	$ 65,839,832

NOTE 1 – DESCRIPTION OF PLAN

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

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

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

Contributions

Participant contributions – Each year, participants may contribute up to 90% of pretax annual compensation, as defined in the Plan. Participants may also elect to make Roth contributions utilizing after-tax contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Plan includes an auto-enrollment provision whereby all newly hired or rehired eligible employees after January 1, 2016, are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated fund until elected otherwise by the participant. Unless elected otherwise by the participant, deferrals are automatically increased annually by 1%, up to a maximum auto-deferral of 8%.

Employer match and profit sharing contributions – The Company may elect to make discretionary matching and profit sharing contributions to the Plan. Profit sharing contributions are allocated to participants on a pro-rata basis for non-Managing Directors and a per-capita basis for Managing Directors. For the year ended December 31, 2020, the Company made a $2,489,737 profit sharing contribution to the Plan.

Contributions are subject to regulatory limitations.

Participant accounts – Each participant's account is credited with the participant's contributions, allocations of the Company profit sharing contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions into various investment options offered by the Plan.

Vesting – Vesting on employee contributions is always 100% immediate. Vesting on employer contributions is 100% immediate for anyone hired on or after July 1, 2017. Vesting for anyone hired prior to July 1, 2017 is on a three year graded scale as indicated below:

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

Notes receivable from participants – Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are issued by the Plan and secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed fifteen years. Under the terms of the Plan agreement, plan loans will bear a reasonable rate of interest determined by the plan administrator. Principal and interest is paid ratably through semi-monthly payroll deductions. As of December 31, 2020, the rates of interest on outstanding loans ranged from 3.25% - 5.50% with various maturities through January 2026.

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

Forfeitures – Forfeitures are the nonvested portion of a participant's account that is lost upon termination of employment. Forfeitures are retained in the Plan and will be used to pay plan administrative expenses or to reduce future Company contributions. As of December 31, 2020 and 2019, forfeited nonvested accounts totaled $123,184 and $111,788, respectively. For the year ended December 31, 2020, Company matching contributions were reduced by $111,700 from forfeited nonvested accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

Notes receivable from participants – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Agreement. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

Payment of benefits – Benefits are recorded when paid.

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

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

The Plan has evaluated subsequent events through October 7, 2021, which is the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

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

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2020 and 2019.

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

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

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

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

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

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

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

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

The following tables disclose the fair value hierarchy of the Plan's assets by level as of December 31, 2020 and 2019:

	Fair Value Measurement at December 31, 2020			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 50,100,921	$ -	$ -	$ 50,100,921
Common stocks	626,337	-	-	626,337
Cash and money funds	5,061,173	-	-	5,061,173
Total assets in the fair value hierarchy	$ 55,788,431	$ -	$ -	55,788,431
Investments measured at NAV practical expedient				7,363,151
Investments, at fair value				$ 63,151,582

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

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

NOTE 4 – TAX STATUS

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

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

NOTE 5 – RISKS AND UNCERTAINTIES

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

NOTE 6 – INFORMATION CERTIFIED BY THE TRUSTEE

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

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019.
- Net appreciation in fair value of investments, dividends, capital gains, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020.
- Investments reflected on the schedule of assets (held at end of year).

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Charles Schwab Bank. Charles Schwab Bank is the trustee of the Plan and, therefore, transactions with this entity qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services to the trustee were $16,053 for the year ended December 31, 2020.

NOTE 8 – PLAN TERMINATION

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

Supplemental Schedule
Required by the Department of Labor

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2020

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MUTUAL FUNDS/COLLECTIVE TRUSTS:			
	Amcent Mid Cap Value R6	Registered Investment Company	**	$ 551,039
	American Funds New World R6	Registered Investment Company	**	1,099,987
	Dodge & Cox Intl Stock Fd	Registered Investment Company	**	1,481,977
	Pimco Foreign Bond Fund	Registered Investment Company	**	81,322
*	Schwab S&P 500 Index Fund - Select S	Registered Investment Company	**	5,891,957
	Trowe Real Estate	Registered Investment Company	**	58,853
	Trowe QM US Sm Cap Grth Eqty	Registered Investment Company	**	412,634
	Vanguard Balanced Index Adm	Registered Investment Company	**	5,772,569
	Vanguard Growth Index Admiral	Registered Investment Company	**	3,506,033
	Vanguard High-Yield Corporate FND	Registered Investment Company	**	724,347
	Vanguard Mid Cap Growth Index Inv	Registered Investment Company	**	1,002,908
	Vanguard Mid Cap Index Admiral	Registered Investment Company	**	1,011,098
	Vanguard Small-Cap Value Index Adm	Registered Investment Company	**	848,496
	Vanguard Small Cap Value Index Admrl	Registered Investment Company	**	346,485
	Vanguard Target Retirement 2020 Fd I	Registered Investment Company	**	134,144
	Vanguard Target Retirement 2025	Registered Investment Company	**	27,766
	Vanguard Target Retirement 2030 Fd I	Registered Investment Company	**	3,209,722
	Vanguard Target Retirement 2035 Fd I	Registered Investment Company	**	8,131
	Vanguard Target Retirement 2040 Fd I	Registered Investment Company	**	4,077,399
	Vanguard Target Retirement 2045 Fd I	Registered Investment Company	**	450,774
	Vanguard Target Retirement 2050 Fd I	Registered Investment Company	**	1,028,899
	Vanguard Target Retirement 2055 Fd I	Registered Investment Company	**	664,629
	Vanguard Target Retirement 2060 Fd I	Registered Investment Company	**	417,011
	Vanguard Target Retirement Income In	Registered Investment Company	**	515,199
	Vanguard Total Intl Stk Index Adm	Registered Investment Company	**	1,487,270
	Vanguard Value Index Adm	Registered Investment Company	**	2,432,052
	Morley Stable Value Fund	Common Collective Trust Fund	**	702,480
*	Schwab Instl Fixed Income CL 3	Common Collective Trust Fund	**	1,037,508
	Total mutual funds and others			$ 38,982,689
	SELF-DIRECTED BROKERAGE INVESTMENTS:			
	Cash	Cash Equivalents	**	$ 5,061,173
	Alcoa Corp	Common Stock	**	2,559
	Altaba Inc	Common Stock	**	8,439
	Altria Group Inc	Common Stock	**	2,050
	Amazon Com Inc	Common Stock	**	22,799
	Apple Inc	Common Stock	**	19,942
	Arconic Corporation	Common Stock	**	2,473
	Bank of America Corp	Common Stock	**	20,247
	Biogen Idec Inc	Common Stock	**	11,264
	Blackstone Group Inc	Common Stock	**	3,565
	Boeing Co	Common Stock	**	16,055
	Bristol-Myers Squibb Co	Common Stock	**	18,609
	Charles Schwab Corporation	Common Stock	**	8,221
	Cisco System Inc	Common Stock	**	43,550
	Constellation Brand Cl A	Common Stock	**	5,476
	Costco Whls Corp New	Common Stock	**	16,955
	Dominion Res Inc VA	Common Stock	**	3,760
	Evolving Sys Inc	Common Stock	**	3,075
	Exelixis Inc	Common Stock	**	20,070
	Exxon Mobil Corporation	Common Stock	**	6,183
	Garmin Ltd New	Common Stock	**	52,887
	General Electric Co	Common Stock	**	1,412

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Howmet Aerospace Inc	Common Stock	**	9,504
	Huron Consulting Group	Common Stock	**	5,895
	Illinois Tool Wks Inc	Common Stock	**	10,194
	Incyte Genomics Inc	Common Stock	**	8,698
	Kraft Heinz Company	Common Stock	**	381
	Lumentum Holdings	Common Stock	**	3,508
	Macom Tech Solutions Holdings, Inc	Common Stock	**	165
	Merck & Co Inc New	Common Stock	**	1,636
	Micron Technology Inc	Common Stock	**	26,313
	Microsoft Corp	Common Stock	**	85,053
	Mondelez Intl Inc	Common Stock	**	1,988
	Nucor	Common Stock	**	6,649
	Oracle Corporation	Common Stock	**	30,598
	PJT Partners Inc	Common Stock	**	75
	Philip Morris Intl Inc	Common Stock	**	4,140
	Pioneer National Res Co	Common Stock	**	5,695
	Sigma Labs Inc	Common Stock	**	27
	Vertex Pharmaceuticals	Common Stock	**	70,902
	Viavi Solutions Inc	Common Stock	**	2,800
	Visa	Common Stock	**	14,217
	Walt Disney Co	Common Stock	**	36,236
	Wells Fargo & Co New	Common Stock	**	12,072
	Allianz Global Small Cap Cl A	Mutual Funds	**	25,199
	Allianz Nfj Dividend Value Fund Cl A	Mutual Funds	**	30,396
	American Beacon Largecap Val Inv	Mutual Funds	**	31,932
	American Century Equity Income Fd In	Mutual Funds	**	54,254
	American Europacific Fd Cl F1	Mutual Funds	**	79,225
	American Fundamental Inv Fd Cl F1	Mutual Funds	**	14,376
	American International Grown and Income F1	Mutual Funds	**	50,850
	Artisan International Fund Inv	Mutual Funds	**	239,605
	Artisan International Value Fund	Mutual Funds	**	38,786
	Artisan Midcap Fd	Mutual Funds	**	493,010
	Artisan Small Cap Investor Fund	Mutual Funds	**	242,890
	Baron Growth Fund	Mutual Funds	**	30,545
	BNY Mellon Midcap Index Fund	Mutual Funds	**	18,171
	BNY Mellon Yield Enhancement Strategy I	Mutual Funds	**	18,990
	Calvert Global Water Fd Cl Cl A	Mutual Funds	**	16,550
	Cgm Realty Fund	Mutual Funds	**	14,902
	Clipper Fund	Mutual Funds	**	28,889
	Cohen & Steers Realty Shares	Mutual Funds	**	28,673
	DFA Emerg Markets Core Eqty Portfolio Instl	Mutual Funds	**	29,164
	DFA Emerging Markets Portfolio I	Mutual Funds	**	338,224
	DFA Emerging Mkts Value Port Instl	Mutual Funds	**	11,169
	DFA Global Core Plus Fixed Income Instl	Mutual Funds	**	80,283
	DFA Intl High Profitability Prt Inst	Mutual Funds	**	403,426
	DFA Intl Small Co Portfolio Fund	Mutual Funds	**	282,369
	DFA Intl Vector Eqty Port Inst	Mutual Funds	**	94,942
	DFA Realestate Secrties Portfolio I	Mutual Funds	**	116,263
	DFA US High Relative Profit Prt Inst	Mutual Funds	**	34,873
	DFA US Large Co Instl Index Port	Mutual Funds	**	67,459
	DFA US Micro Cap Port Instl	Mutual Funds	**	100,451
	DFA US Vector Eqty Port Instl	Mutual Funds	**	127,820
	Dodge & Cox Global Stock Fd	Mutual Funds	**	2,954,695
	Dodge & Cox Income FD	Mutual Funds	**	36,016
	Dodge & Cox Intl Stock Fd	Mutual Funds	**	64,204

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2020

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Eaton Vance Fl Rt In Tr	Mutual Funds	**	383,759
	Eaton Vance Floating Rate Adv Fd A	Mutual Funds	**	4,383
	Fairholme Fund	Mutual Funds	**	39,475
	Fidelity Contra Fund	Mutual Funds	**	38,492
	Fidelity High Income Fund	Mutual Funds	**	26,971
	FMI International Fund	Mutual Funds	**	20,878
	Franklin Dynatech Fund	Mutual Funds	**	21,901
	Goldman Sachs Tech Oppty A	Mutual Funds	**	38,885
	Harding Loevner Emerging Markets	Mutual Funds	**	18,237
	Highland Global Alloc	Mutual Funds	**	154,016
	India Fund Inc	Mutual Funds	**	9,306
	Invesco Oppenheimer Intl Bond Fund A	Mutual Funds	**	7,506
	Invesco Oppenheimer Intl Growth Fund A	Mutual Funds	**	25,567
	Janus Balanced Fund Class T	Mutual Funds	**	38,164
	Janus Contrarian Fund Class T	Mutual Funds	**	72,925
	Janus Flexible Bond Fund Class T	Mutual Funds	**	19,813
	Janus Global Select Fund Class T Sha	Mutual Funds	**	25,349
	Janus Growth & Income Fund Class T	Mutual Funds	**	39,187
	Janus Mid Cap Value Fund Class T	Mutual Funds	**	27,686
	Janus US Mgd Volatility	Mutual Funds	**	35,366
	JP Morgan Mid Cap Growth A	Mutual Funds	**	31,790
	Laudus U.S. Large Cap Growth Fund	Mutual Funds	**	51,093
	Lazard Intl Equity Portfolio Open	Mutual Funds	**	16,434
	Lord Abbett Short Dur Income CL A	Mutual Funds	**	40,177
	Meridian Growth Fund	Mutual Funds	**	9,170
	Metropolitan West Total Return	Mutual Funds	**	36,075
	MFA Mortgage Investments	Mutual Funds	**	11,675
	MFS Mass Investors Trust Cl A	Mutual Funds	**	14,948
	Neuberger Berman MLP Income	Mutual Funds	**	5,379
	Northern Lights Fd Tr Pfg Am Gwth R	Mutual Funds	**	17,830
	Northern Lights Fd Tr Pfg Br Esg R	Mutual Funds	**	16,314
	Northern Lights Fd Tr Pfg Eq Indx R	Mutual Funds	**	16,774
	Northern Lights Fd Tr Pfg Fd Am R	Mutual Funds	**	18,182
	Northern Lights Fd Tr Pfg Tctl Inc R	Mutual Funds	**	9,114
	Oakmark Fund I	Mutual Funds	**	49,524
	Oakmark Intl Small Cap Fd I	Mutual Funds	**	75,564
	Osterweis Fund	Mutual Funds	**	119,328
	Parnassus Equity Income Fd Inv	Mutual Funds	**	71,531
	Pax World Balanced Fd Individual Inv	Mutual Funds	**	28,064
	Perritt Micro Cap Opportunities Fund	Mutual Funds	**	44,811
	PFG Active Core Bond Strat R	Mutual Funds	**	8,053
	PFG JP Morgan Tactical Aggsv Strat R	Mutual Funds	**	14,922
	PFG Meeder Tactical Strat R	Mutual Funds	**	7,377
	PGIM High Yield Fund Z	Mutual Funds	**	10,311
	Principal FDS Global Real Estate A	Mutual Funds	**	13,626
	Riskpro Dynamic 20 To 30 FD CL R	Mutual Funds	**	18,801
	Riskpro PFG Equity 30 Plus Fd Cl R	Mutual Funds	**	14,234
	Riskpro PFG 30 Plus Fd Cl R	Mutual Funds	**	18,929
	Royce Micro Cap Fund Investment Cl	Mutual Funds	**	16,238
*	Schwab Fundamental Emer Mkt Lrg Indx	Mutual Funds	**	444,250
*	Schwab Fundamental US Lrge Co Index	Mutual Funds	**	47,464
*	Schwab Intl Index Fd	Mutual Funds	**	15,082
*	Schwab S&P 500 Index Fund — Select S	Mutual Funds	**	917,411
*	Schwab SM Cap Equity Fd	Mutual Funds	**	19,565
*	Schwab Small Cap Index Select	Mutual Funds	**	18,614

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Schwab Target 2030 Fund	Mutual Funds	**	27,743
*	Schwab Target 2040 Fund	Mutual Funds	**	17,077
*	Schwab Total Stk Mkt Index	Mutual Funds	**	18,465
	Sprott Gold	Mutual Funds	**	2,496,306
	State Street Disciplined Emrg Mkts E	Mutual Funds	**	18,036
	T Rowe Price Equity Income Fund	Mutual Funds	**	77,549
	T Rowe Price Growth Stock Fund	Mutual Funds	**	16,530
	Third Avenue Value Fund Instl	Mutual Funds	**	46,679
	UBS Global Allocation Cl Y	Mutual Funds	**	33,571
	US Global Investors Eastern European	Mutual Funds	**	5,673
	Van Eck Cm Commodity Index Fd A	Mutual Funds	**	12,781
	Vanguard Dividend Growth Fund	Mutual Funds	**	77,147
	Vanguard Emerging Mkts Stock Index	Mutual Funds	**	26,662
	Vanguard Energy Fund Inv	Mutual Funds	**	27,246
	Vanguard European Stock Index Fd Inv	Mutual Funds	**	21,993
	Vanguard Growth Index Fd Admiral	Mutual Funds	**	58,645
	Vanguard Interm Term Tax Exmpt Fd Inv	Mutual Funds	**	11,685
	Vanguard Interm Term Inv Grd Fund	Mutual Funds	**	13,931
	Vanguard Long Term Invtmnt Grade Inv	Mutual Funds	**	15,563
	Vanguard Mid-Cap Growth Invs Shs	Mutual Funds	**	23,002
	Vanguard Short-Term Invst Grade Adm	Mutual Funds	**	11,977
	Vanguard Target Retirement 2025 Fd I	Mutual Funds	**	54,331
	Vanguard Target Retirement 2030 Fd I	Mutual Funds	**	13,286
	Vanguard Total Intl Stk Index Fd Adm	Mutual Funds	**	12,729
	Vanguard Value Index Admiral	Mutual Funds	**	56,633
	Vanguard Wellington Fund Inv	Mutual Funds	**	24,884
	Vanguard 500 Index Fund	Mutual Funds	**	97,014
	Wells Fargo Advtg Spec Mid Cap Val A	Mutual Funds	**	25,961
	Alerian Mlp Etf	Unit Investment Trusts	**	43,656
	BLDRS Emerging Mkts	Unit Investment Trusts	**	15,319
	CurrencyShares Euro Tr	Unit Investment Trusts	**	3,098
	Daily SM Cap Bear 3X SHS New	Unit Investment Trusts	**	34,350
	Invesco DB Commodity Index Tracking	Unit Investment Trusts	**	34,237
	Invesco DB US Dollar Indx Bull Fnd	Unit Investment Trusts	**	10,423
	Invesco Golden Dragon	Unit Investment Trusts	**	22,023
	Invesco QQQ Trust	Unit Investment Trusts	**	277,228
	Ishares Broad USD Invest GR BD ETF	Unit Investment Trusts	**	43,379
	First Tr Bick Index	Unit Investment Trusts	**	11,056
	iShares China Large Cap	Unit Investment Trusts	**	14,130
	iShares Core Aggressive Allocation	Unit Investment Trusts	**	212,757
	iShares Core High Dividend ETF	Unit Investment Trusts	**	6,575
	iShares Core S&P Mid-Cap	Unit Investment Trusts	**	82,739
	iShares Core S&P Small-Cap	Unit Investment Trusts	**	35,841
	iShares Core S&P 500	Unit Investment Trusts	**	130,922
	iShares Gold Trust	Unit Investment Trusts	**	31,728
	iShares IBOXX Invst Grade Crp Bond	Unit Investment Trusts	**	21,726
	iShares Intl Gov Credit Bond ETF	Unit Investment Trusts	**	61,173
	iShares International Dev Rel Est	Unit Investment Trusts	**	24,344
	iShares MSCI EAFE	Unit Investment Trusts	**	181,808
	iShares MSCI EAFE SMALL-CAP	Unit Investment Trusts	**	17,088
	iShares MSCI Emerging Markets	Unit Investment Trusts	**	376,985
	iShares MSCI Japan ETF New	Unit Investment Trusts	**	183,367
	iShares MSCI USA Select ETF	Unit Investment Trusts	**	10,704
	iShares North Amer Natl Res ETF	Unit Investment Trusts	**	5,310
	iShares North Amer Tech ETF	Unit Investment Trusts	**	51,075

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2020

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	iShares Russell 2000	Unit Investment Trusts	**	50,680
	iShares S&P Euro 350	Unit Investment Trusts	**	17,106
	iShares MSCI All Count ASA Ex Jp ETF	Unit Investment Trusts	**	61,046
	iShares Tr DJ US Consumer Goods Sect	Unit Investment Trusts	**	13,131
	iShares Tr DJ US Utils	Unit Investment Trusts	**	16,173
	iShares US Consumer Goods ETF IV	Unit Investment Trusts	**	16,301
	iShares Tips Bond Fund	Unit Investment Trusts	**	15,761
	iShares 7-10 Year Treasury Bond	Unit Investment Trusts	**	14,527
	Legg Mason low Vltlt	Unit Investment Trusts	**	11,519
	Pimco Exchange Traded Fund	Unit Investment Trusts	**	19,352
*	Schwab Etfs-Us Broad Market Etf	Unit Investment Trusts	**	848,644
*	Schwab US Large-Cap Growth ETF	Unit Investment Trusts	**	87,517
*	Schwab US Mid-Cap ETF	Unit Investment Trusts	**	59,355
*	Schwab US Small-Cap ETF	Unit Investment Trusts	**	2,536
*	Schwab 1000 Index ETF	Unit Investment Trusts	**	14,815
	Select Sector UTI Select SPDR ETF	Unit Investment Trusts	**	10,639
	SPDR Gold Trust SPDR Gold Shares	Unit Investment Trusts	**	29,251
	SPDR S&P Dividend ETF	Unit Investment Trusts	**	144,086
	SPDR S&P Emerging Mkts Small Cap ETF	Unit Investment Trusts	**	31,946
	SPDR S&P 500 ETF	Unit Investment Trusts	**	11,216
	VANECK VECTORS RETAI	Unit Investment Trusts	**	15,808
	Vanguard Div Appr Vipers	Unit Investment Trusts	**	21,770
	Vanguard FTSE All-World Ex-US	Unit Investment Trusts	**	77,151
	Vanguard FTSE Emerging Markets	Unit Investment Trusts	**	116,181
	Vanguard Mid-Cap	Unit Investment Trusts	**	104,577
	Vanguard REIT	Unit Investment Trusts	**	73,095
	Vanguard Small-Cap ETF	Unit Investment Trusts	**	43,998
	Vanguard Total Stock Mkt	Unit Investment Trusts	**	1,227,655
	Vanguard Total World Stock Etf	Unit Investment Trusts	**	153,633
	Vanguard Value ETF	Unit Investment Trusts	**	84,448
	Wisdomtree Emerging	Unit Investment Trusts	**	6,318
	Wisdomtree India Earning	Unit Investment Trusts	**	10,722
	Wisdomtree Jap Smcap Div	Unit Investment Trusts	**	87,033
	Wisdomtree US Dividend Growth Etf	Unit Investment Trusts	**	182,132
	Total self-directed brokerage investments			24,168,893
*	Participant Loans	Interest rates ranging from 3.25% to 5.50%, maturing through January 2026	**	200,201
				$ 63,351,783

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


MOSSADAMS

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2020

EIN: 38-3708132
Plan Number: 002

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

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

Hellman & Friedman Profit Sharing and 401(k) Savings Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2020

EIN: 38-3708132
Plan Number: 002

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

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

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

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (3.25% - 5.50%)		200,201
	MORLEY STABLE VALUE FUND	Common Collective Trust Fund		702,480
*	SCHWAB INSTL FIXED INCOME CL 3	Common Collective Trust Fund		1,037,508
	PCRA	Self-Directed Brokerage Account		24,168,893
	AMCENT MID CAP VALUE R6	Registered Investment Company		551,039
	AMERICAN FUNDS NEW WORLD R6	Registered Investment Company		1,099,987
	DODGE & COX INTL STOCK	Registered Investment Company		1,481,977
	PIMCO INTL BOND USD HDGD INSTL	Registered Investment Company		81,322
*	SCHWAB S&P 500 INDEX FUND	Registered Investment Company		5,891,957
	T ROWE PRICE REAL ESTATE	Registered Investment Company		58,853
	TROWE QM US SM CAP GRTH EQTY	Registered Investment Company		412,634
	VANGUARD BALANCED INDEX ADM	Registered Investment Company		5,772,569
	VANGUARD GROWTH INDEX ADMIRAL	Registered Investment Company		3,506,033
	VANGUARD HIGH YIELD CORP FND	Registered Investment Company		724,347
	VANGUARD MDCP GRTH INDEX ADM	Registered Investment Company		1,002,908
	VANGUARD MID CAP INDEX ADMIRAL	Registered Investment Company		1,011,098
	VANGUARD SM CAP VAL INDEX ADM	Registered Investment Company		848,496
	VANGUARD SMALL CAP INDEX ADMRL	Registered Investment Company		346,485
	VANGUARD TARGET RETIREMNT 2020	Registered Investment Company		134,144
	VANGUARD TARGET RETIREMNT 2025	Registered Investment Company		27,766
	VANGUARD TARGET RETIREMNT 2030	Registered Investment Company		3,209,722
	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		8,131
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		4,077,399
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		450,774
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		1,028,899
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		664,629
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		417,011
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		515,199
	VANGUARD TOT INTL STK IDX ADM	Registered Investment Company		1,487,270
	VANGUARD VALUE INDEX ADM	Registered Investment Company		2,432,052

* Party-in-interest