

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) E, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan PRIVATE EQUITY PARTNERS 2004 MGR LP, 1b Three-digit plan number (PN) 001, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) GSAM GEN-PAR, L.L.C., C/O GOLDMAN SACHS & CO. LLC, UNIT 3548 TAX DEPT., 200 WEST STREET, NEW YORK, NY 10282, 2b Employer Identification Number (EIN) 20-1653253, 2c Plan Sponsor's telephone number 646-446-3311, 2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2023) v. 230707

|  |  |
|--|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN<br><br><b>4d</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b><br><b>6a(2)</b><br><b>6b</b><br><b>6c</b><br><b>6d</b><br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  | <b>7</b>   |

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

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

|  |  |
|--|--|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|   |  |
|---|--|
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>PRIVATE EQUITY PARTNERS 2004 MGR LP</b>                          | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GSAM GEN-PAR, L.L.C.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-1653253</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

DELOITTE TAX LLP

86-1065772

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 95781  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET BANK & TRUST CORP

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 50                  | NONE  | 91835  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 16 50               | NONE  | 44336  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

FRIED, FRANK, HARRIS, SHRIVER & JAC

13-5344867

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50                  | NONE  | 11822  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

**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

**2023**

**This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><u>PRIVATE EQUITY PARTNERS 2004 MGR LP</u>                                 |  | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>GSAM GEN-PAR, L.L.C.</u> |  | <b>D</b> Employer Identification Number (EIN)<br><u>20-1653253</u> |

**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)

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

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | AGL RESOURCES INC. RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | AGL RESOURCES INC.   | <b>c</b> EIN-PN 58-1698720-001 |
| <b>a</b>   | Plan name            | FORD MOTOR CO DB MASTER TRUST  |                                |
| <b>b</b>   | Name of plan sponsor | FORD MOTOR COMPANY   | <b>c</b> EIN-PN 36-7324188-001 |
| <b>a</b>   | Plan name            | MONSANTO COMPANY MASTER PENSION TRS  |                                |
| <b>b</b>   | Name of plan sponsor | MONSANTO COMPANY   | <b>c</b> EIN-PN 36-2882371-002 |
| <b>a</b>   | Plan name            | DIAL CORP DB MASTER TRUST  |                                |
| <b>b</b>   | Name of plan sponsor | DIAL CORPORATION   | <b>c</b> EIN-PN 51-0374887-001 |
| <b>a</b>   | Plan name            | NISSAN EMPLOYEE RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | NISSAN   | <b>c</b> EIN-PN 33-6027727-001 |
| <b>a</b>   | Plan name            | TJX COMPANIES INC RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TJX COMPANIES INC  | <b>c</b> EIN-PN 04-2207613-001 |
| <b>a</b>   | Plan name            | TWIN CITY PIPE TRADES PENSION TRUST  |                                |
| <b>b</b>   | Name of plan sponsor | TWIN CITY PIPE TRADES  | <b>c</b> EIN-PN 41-6131800-001 |
| <b>a</b>   | Plan name            | WAMU PENSION PLAN MASTER TRUST   |                                |
| <b>b</b>   | Name of plan sponsor | WASHINGTON MUTUAL  | <b>c</b> EIN-PN 84-1661404-148 |
| <b>a</b>   | Plan name            | WEIL GOTSHAL & MANGES EMPLOYEES PEN  |                                |
| <b>b</b>   | Name of plan sponsor | WEIL GOTSHAL & MANGES  | <b>c</b> EIN-PN 13-3095554-001 |
| <b>a</b>   | Plan name            | WEIL GOTSHAL & MANGES PARTNERS DB T  |                                |
| <b>b</b>   | Name of plan sponsor | WEIL GOTSHAL & MANGES  | <b>c</b> EIN-PN 13-3642223-009 |
| <b>a</b>   | Plan name            | FANO & CO.   |                                |
| <b>b</b>   | Name of plan sponsor | FANO & CO.   | <b>c</b> EIN-PN 20-0489336-001 |
| <b>a</b>   | Plan name            | INVESTMENT MASTER TRUST OF EXELIS INC.   |                                |
| <b>b</b>   | Name of plan sponsor | ITT CORPORATION  | <b>c</b> EIN-PN 36-6668234-001 |

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

|                               |  |                                |
|-------------------------------|--|--------------------------------|
| <b>a</b> Plan name            | THE BANK OF NEW YORK MELLON AS TRUSTEE FOR THE UPS GROUP TRUST |                                |
| <b>b</b> Name of plan sponsor | UNITED PARCEL SERVICE  | <b>c</b> EIN-PN 35-2371556-001 |

|                               |  |                                |
|-------------------------------|--|--------------------------------|
| <b>a</b> Plan name            | STATE STREET BANK AND TRUST COMPANY AS TRUSTEE OF THE FCA US LLC MASTER RETIREMENT TRUST |                                |
| <b>b</b> Name of plan sponsor | DAIMLER CHRYSLER CORP  | <b>c</b> EIN-PN 13-3112458-006 |

|                               |                                |                                |
|-------------------------------|--------------------------------|--------------------------------|
| <b>a</b> Plan name            | BAYER CORPORATION MASTER TRUST |                                |
| <b>b</b> Name of plan sponsor | BAYER CORPORATION              | <b>c</b> EIN-PN 25-6263993-002 |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |  |
| <b>A</b> Name of plan<br><b>PRIVATE EQUITY PARTNERS 2004 MGR LP</b>                                      | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GSAM GEN-PAR, L.L.C.</b>             | <b>D</b> Employer Identification Number (EIN)<br><b>20-1653253</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| <b>Assets</b>  |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>          | 1023528         |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>          | 2008            |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>         |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>         | 95713           |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---|--------------|-----------------------|-----------------|
| (1) Employer securities .....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 7157231               | 1121249         |
| <b>Liabilities</b>  |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....  | <b>1j</b>    | 336358                | 213923          |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 336358                | 213923          |
| <b>Net Assets</b>   |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 6820873               | 907326          |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 182741     |           |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 182741    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock .....   | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....  | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate .....   | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> | -209689    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|  |        | (a) Amount | (b) Total |
|--|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (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) |            |           |
| <b>c</b> Other income.....   | 2c     |            | 69951     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....        | 2d     |            | 43003     |

**Expenses**

|  |        |        |        |
|--|--------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | 2e(1)  |        |        |
| (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)  |        | 0      |
| <b>f</b> Corrective distributions (see instructions).....                                  | 2f     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g     |        |        |
| <b>h</b> Interest expense.....   | 2h     |        |        |
| <b>i</b> Administrative expenses:  |        |        |        |
| (1) Salaries and allowances.....   | 2i(1)  |        |        |
| (2) Contract administrator fees.....   | 2i(2)  | 135532 |        |
| (3) Recordkeeping fees.....  | 2i(3)  |        |        |
| (4) IQPA audit fees.....   | 2i(4)  | 51373  |        |
| (5) Investment advisory and investment management fees.....                                | 2i(5)  |        |        |
| (6) Bank or trust company trustee/custodial fees.....                                      | 2i(6)  | 45160  |        |
| (7) Actuarial fees.....  | 2i(7)  |        |        |
| (8) Legal fees.....  | 2i(8)  | 11708  |        |
| (9) Valuation/appraisal fees.....  | 2i(9)  |        |        |
| (10) Other trustee fees and expenses.....  | 2i(10) |        |        |
| (11) Other expenses.....   | 2i(11) |        |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11).....                      | 2i(12) |        | 243773 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j     |        | 243773 |

**Net Income and Reconciliation**

|  |       |  |         |
|--|-------|--|---------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -200770 |
| <b>l</b> Transfers of assets:                                  |       |  |         |
| (1) To this plan.....  | 2l(1) |  |         |
| (2) From this plan.....  | 2l(2) |  | 5712777 |

**Part III Accountant's Opinion**

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

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

- (1)  Unmodified    (2)  Qualified    (3)  Disclaimer    (4)  Adverse

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

- (1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.



# Private Equity Partners 2004 Mgr LP

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December 31, 2023  
Final Financial Statements

*This report and all information provided or referenced herein is non-public, confidential and proprietary, and may not be reproduced or transferred or the contents otherwise divulged, directly or indirectly, in whole or in part, to any other person without the express written consent of Goldman Sachs.*

# Private Equity Partners 2004 Mgr LP

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*December 31, 2023*

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## **Report of Independent Auditors**

To the General Partner of Private Equity Partners 2004 Mgr LP

### ***Opinion***

We have audited the accompanying financial statements of Private Equity Partners 2004 Mgr LP (the "Partnership"), which comprise the statement of assets, liabilities and partners' capital, including the statement of portfolio investment, as of December 31, 2023, and the related statements of operations, of changes in partners' capital and of cash flows, including the related notes for the year then ended (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Partnership as of December 31, 2023, and the results of its operations, changes in its partners' capital and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Partnership and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Partnership's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Partnership's ability to continue as a going concern for a reasonable period of time.

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

*PricewaterhouseCoopers LLP*

Boston, MA  
June 6, 2024

# Private Equity Partners 2004 Mgr LP

## Statement of Assets, Liabilities and Partners' Capital

*December 31, 2023*

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### Assets

|  |    |                         |
|--|----|-------------------------|
| Partnership Investment, at fair value (cost \$0) | \$ | 2,008                   |
| Cash and cash equivalents                        |    | 1,023,528               |
| Other assets                                     |    | <u>95,713</u>           |
| Total assets                                     | \$ | <u><u>1,121,249</u></u> |

### Liabilities and Partners' Capital

|  |    |                |
|--|----|----------------|
| Accrued expenses and other liabilities | \$ | <u>213,923</u> |
| Total liabilities                      |    | <u>213,923</u> |

### Partners' capital:

|                                 |  |                |
|---------------------------------|--|----------------|
| General Partner                 |  | 206            |
| Goldman Special Limited Partner |  | 84,289         |
| Limited Partners                |  | <u>822,831</u> |
| Total partners' capital         |  | <u>907,326</u> |

|   |    |                         |
|---|----|-------------------------|
| Total liabilities and partners' capital | \$ | <u><u>1,121,249</u></u> |
|---|----|-------------------------|

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

# Private Equity Partners 2004 Mgr LP

## Statement of Operations

*for the year ended December 31, 2023*

---

|  |    |                         |
|--|----|-------------------------|
| Investment income:   |    |                         |
| Dividend income  | \$ | 182,741                 |
| Other income   |    | <u>19,290</u>           |
| Total investment income  |    | <u>202,031</u>          |
| Expenses:  |    |                         |
| Administration fee   |    | 135,532                 |
| Professional fees  |    | 106,852                 |
| Management Fee   |    | 64,142                  |
| Other expenses   |    | <u>1,389</u>            |
| Total expenses   |    | 307,915                 |
| Management Fee waiver  |    | <u>(64,142)</u>         |
| Net expenses   |    | <u>243,773</u>          |
| Net investment income (loss)   |    | <u>(41,742)</u>         |
| Net earnings (loss) from:  |    |                         |
| Partnership Investment   |    | 50,661                  |
| Net change in unrealized appreciation/(depreciation) on:               |    |                         |
| Partnership Investment   |    | <u>(209,689)</u>        |
| Net gain (loss) on investment transactions                             |    | <u>(159,028)</u>        |
| Net increase (decrease) in partners' capital resulting from operations | \$ | <u><u>(200,770)</u></u> |

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

# Private Equity Partners 2004 Mgr LP

## Statement of Changes in Partners' Capital

for the year ended December 31, 2003

|  | <u>General Partner</u> | <u>Goldman<br/>Special Limited<br/>Partner</u> | <u>Limited<br/>Partners</u> | <u>Total</u>      |
|--|------------------------|--|-----------------------------|-------------------|
| Partners' capital, beginning of year <sup>(1)</sup>                                    | \$ 1,568               | \$ 987,443                                     | \$ 5,831,862                | \$ 6,820,873      |
| Distributions  | (1,313)                | (843,870)                                      | (4,867,594)                 | (5,712,777)       |
| Net investment income (loss)   | (10)                   | (320)  | (41,412)                    | (41,742)          |
| Net earnings (loss)  | 12                     | 389  | 50,260                      | 50,661            |
| Net change in unrealized appreciation/(depreciation)                                   | (51)                   | (1,609)  | (208,029)                   | (209,689)         |
| Net increase (decrease) in partners' capital resulting from operations                 | (49)                   | (1,540)  | (199,181)                   | (200,770)         |
| Change in provision for Carried Interest allocation to Goldman Special Limited Partner | -                      | (57,744)                                       | 57,744                      | -                 |
| Partners' capital, end of year   | <u>\$ 206</u>          | <u>\$ 84,289</u>                               | <u>\$ 822,831</u>           | <u>\$ 907,326</u> |

<sup>(1)</sup> Partners' capital, beginning of year was revised to adjust for an over accrual of carried interest in the prior year of \$320,383 which resulted in a decrease to Goldman Special Limited Partner by \$320,383 and an increase to Limited Partners by \$320,383, respectively.

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

# Private Equity Partners 2004 Mgr LP

## Statement of Cash Flows

*for the year ended December 31, 2023*

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|  |                     |
|--|---------------------|
| <b>Cash flows from operating activities:</b>   |                     |
| Net increase (decrease) in partners' capital resulting from operations   | \$ (200,770)        |
| Adjustments to reconcile net increase (decrease) in partners' capital resulting from operations to net cash provided by (used for) operating activities: |                     |
| Contributions to Partnership Investment  | (162,743)           |
| Distributions from Partnership Investment  | 213,404             |
| Net (earnings) loss from Partnership Investment  | (50,661)            |
| Net change in unrealized (appreciation)/depreciation on:<br>Partnership Investment   | 209,689             |
| (Increase) decrease in operating assets:   |                     |
| Other assets   | 228,834             |
| Increase (decrease) in operating liabilities:  |                     |
| Accrued expenses and other liabilities   | (34,052)            |
| Due to related fund entities   | (88,383)            |
| Net cash provided by (used for) operating activities   | <u>115,318</u>      |
| <b>Cash flows from financing activities:</b>   |                     |
| Distributions  | <u>(5,712,777)</u>  |
| Net cash provided by (used for) financing activities   | <u>(5,712,777)</u>  |
| Net increase (decrease) in cash and cash equivalents   | (5,597,459)         |
| Cash and cash equivalents, beginning of year   | <u>6,620,987</u>    |
| Cash and cash equivalents, end of year   | <u>\$ 1,023,528</u> |

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

# Private Equity Partners 2004 Mgr LP Statement of Portfolio Investment

*December 31, 2023*

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| <u>Partnership Investment (0.2%)</u><br>(Percentage is based on partners' capital) | <u>Cost</u>          | <u>Fair Value</u>            |
|--|----------------------|------------------------------|
| <b>United States (0.2%)</b>  |                      |                              |
| Roark Capital Partners, LP   | \$ <u>          </u> | - \$ <u>          </u> 2,008 |

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

# Private Equity Partners 2004 Mgr LP

## Notes to Financial Statements

*December 31, 2023*

---

### **(1) Organization and Business Purpose**

Private Equity Partners 2004 Mgr LP (the “Partnership”), a Delaware limited partnership, was formed for the principal purpose of investing in pooled investment vehicles via capital commitments to the issuers of such investments (“Partnership Investments”). The Partnership may receive distributions-in-kind of the underlying investments held by the Partnership Investments (“Security Investments” and together with Partnership Investments, “Portfolio Investments”). The Partnership may also make investments directly or indirectly related to the Partnership Investments, including underlying portfolio companies owned by Partnership Investments, swaps, options, and forward currency contracts. The Partnership is permitted to invest both domestically and internationally across all sectors of the private equity market.

GSAM Gen-Par, L.L.C. (the “General Partner”) is the general partner of the Partnership and is an affiliate of The Goldman Sachs Group, Inc. Goldman Sachs Asset Management, L.P. (the “Investment Manager”), an indirect wholly owned subsidiary of The Goldman Sachs Group, Inc., is the investment manager of the Partnership and is registered with the United States Securities and Exchange Commission as a registered investment adviser under the Investment Advisers Act of 1940, as amended. The General Partner may delegate to the Investment Manager, the authority to make certain decisions and undertake certain actions on behalf of the Partnership.

The Partnership commenced operations on September 9, 2004 and will continue in existence until one year after the date by which all of the Partnership’s Portfolio Investments have been liquidated and the Partnership’s obligations (including, without limitation, contingent obligations) have terminated. The Partnership may also be dissolved earlier as requested by the General Partner or its term may be further extended by the General Partner with the approval of a majority in interest of the limited partners in accordance with the Second Amended and Restated Agreement of Limited Partnership (the “Partnership Agreement”). The Partnership sold all of its investments but one investment and the final liquidating distribution will be made during the year 2024.

The Partnership will terminate at the time all assets are liquidated, liabilities satisfied and partners’ capital is distributed through payment of a final liquidating distribution. The Partnership is in the process of conducting an orderly liquidation in accordance with the Partnership Agreement.

The Investment Manager has determined that the Partnership is an investment company in conformity with accounting principles generally accepted in the United States of America (“GAAP”). Therefore, the Partnership follows the accounting and reporting guidance for investment companies.

### **(2) Significant Accounting Policies**

#### *(a) Basis of Presentation*

The preparation of the financial statements in conformity with GAAP requires the Investment Manager to make estimates and assumptions that may affect the reported amounts. Actual amounts could differ from the estimates included in the financial statements herein.

All balances are expressed in United States dollars, the Partnership’s functional currency.

# Private Equity Partners 2004 Mgr LP

## Notes to Financial Statements

*December 31, 2023*

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### *(b) Fair Value Measurements*

The Partnership measures its investment at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e. the exit price) in an orderly transaction between market participants at the measurement date. The Investment Manager is responsible for the implementation and maintenance of internal controls and procedures related to the valuation of the Partnership's investment. In the absence of quoted market prices, fair value is determined by the Investment Manager. Due to the inherent uncertainties of valuation, these estimated fair values may differ significantly from the values that would have been realized had a readily available market for these investments existed, and these differences could be material.

During the course of acquiring investments, the Investment Manager undertakes due diligence procedures that include an assessment of the valuation policies of the Partnership Investment. The Investment Manager generally relies on valuations provided by the general partners of its Partnership Investment, if appropriate. Valuations are prepared in accordance with the Investment Manager's valuation policy and subject to verification procedures. Periodically, a "Valuation Committee" of the Investment Manager convenes to approve and oversee the application of valuation policies, and review various valuation risk metrics for the Portfolio Investments held by the Partnership, including investments for which market quotations are not readily available with escalation to the General Partner as necessary.

Investments in other pooled investment vehicles (i.e. limited partner or non-managing member interests ("LP/LLC Interests")), without a readily determinable fair value, are generally valued at the most recent net asset value ("NAV") per unit or capital account information available from the general partners of such vehicles. To the extent that no NAV is available from a general partner or the NAV supplied by a general partner is deemed not to be indicative of its fair value, or it is probable that as of the measurement date the LP/LLC Interests will be sold for a different value, then the fair value of the pooled investment vehicle is determined, in good faith by the Investment Manager, by using fair value techniques. The Investment Manager may consider additional information sourced from the general partner of the pooled investment vehicle or other market information in arriving at the fair value estimate.

### *(c) Income Taxes*

No provision has been made in the accompanying financial statements for federal, state or local income taxes of the General Partner or limited partners. All partners are individually responsible for reporting their share of Partnership income or loss. Interest, dividends and other income from non-U.S. sources and capital gains on the sale of securities of non-U.S. issuers realized by the Partnership or passed through from the underlying Partnership Investment may be subject to withholding and other taxes levied by the jurisdiction from which the income is sourced. The Partnership reports on the accrual basis of accounting for financial statement and tax purposes.

GAAP requires that the Partnership recognize tax liabilities and related interest and penalties where beneficial tax positions taken do not meet the requisite threshold for recognition. These are recorded, where applicable, as realized and unrealized losses in the Partnership's Statement of Assets, Liabilities and Partners' Capital, Statement of Operations, Statement of Changes in Partners' Capital and Statement of Cash Flows. The General Partner has reviewed the Partnership's tax positions for all open tax years,

# Private Equity Partners 2004 Mgr LP

## Notes to Financial Statements

*December 31, 2023*

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based on statutes of limitation for tax assessments which vary by jurisdiction, if applicable, and has concluded that no provision for income tax is required in the Partnership's financial statements. The Partnership may be subject to potential examination by certain taxing authorities in various jurisdictions. Any potential tax liability is also subject to ongoing interpretation of laws by taxing authorities. The tax years under potential examination vary by jurisdiction.

*(d) Investment Transactions, Income and Expenses*

The Partnership records its investment transactions on a trade date basis (for publicly traded investments) or upon closing of the transaction (for private investments).

Net earnings (loss) from Partnership Investments represents the Partnership's share of profits and losses (including net investment income and loss and realized gains and losses from the disposition of investments), net of any applicable incentive allocation, arising from its Partnership Investments, as determined by the General Partner considering information reported by the general partners of the Partnership Investments, and realized gains and losses from the sales of Security Investments by the Partnership, as applicable. A Partnership Investment's cost basis, as reported in the Statement of Portfolio Investment, is increased by the Partnership's share of net earnings from the Partnership Investment and decreased by the Partnership's share of net loss from the Partnership Investment. The Partnership's cost basis in a Security Investment is equal to the fair value of the Security Investment received on the date it is distributed from the Partnership Investment.

Unrealized gains and losses from the Portfolio Investment are included in net change in unrealized appreciation/(depreciation) on Partnership Investment in the Statement of Operations.

Expenses are recorded on the accrual basis.

### **(3) Cash and Cash Equivalents**

Cash and cash equivalents may consist of deposits held at a bank, custodian bank or an investment in a money market fund to which the Partnership is exposed to credit risk. As of December 31, 2023, the Partnership held a deposit of \$886,802 at a bank and held \$136,726 in Fidelity Institutional Money Market Government Portfolio - Class I, an unaffiliated money market fund. Investments in money market funds are recorded at NAV per share. Dividend income received from the money market fund for the year ended December 31, 2023 amounted to \$182,741.

### **(4) Portfolio Investment, at fair value**

GAAP establishes a fair value hierarchy and specifies that a valuation technique used to measure fair value shall maximize the use of observable inputs and minimize the use of unobservable inputs. Accordingly, the fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 — Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

# Private Equity Partners 2004 Mgr LP

## Notes to Financial Statements

*December 31, 2023*

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- Level 2 — Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable (including, but not limited to, quoted prices for similar securities), either directly or indirectly;
- Level 3 — Prices or valuations that require significant unobservable inputs (including assumptions in determining fair value measurement).

The fair valuation technique depends on the investment characteristics and the availability of observable inputs. Investments are classified within the level of the lowest significant input considered in determining fair value. The Partnership uses NAV as its measure of fair value for investments in LP/LLC Interests when (i) the investment does not have a readily determinable fair value and (ii) the NAV of the investment is calculated in a manner consistent with the measurement principles of investment company accounting, including measurement of the underlying investments at fair value. In evaluating the level at which the investments have been classified, the Partnership has assessed factors including, but not limited to, price transparency. An investment in LP/LLC Interests using NAV as its measure of fair value is excluded from the fair value hierarchy.

Investment at fair value as of December 31, 2023 of \$2,008 is excluded from the fair value hierarchy leveling as the fair value of the investment was measured at NAV.

Included in cash and cash equivalents in the Statement of Assets, Liabilities and Partners' Capital are investments in a money market fund with a fair value of \$136,726 which were classified as Level 1 assets as of December 31, 2023.

There is no unfunded commitment to the Partnership Investment. As of December 31, 2023, the Partnership Investment is expected to liquidate within one year.

None of the investments in the Partnership and in underlying portfolio companies held indirectly through the LP/LLC Interests of the Partnership constitute greater than 5% of the Partnership's total partners' capital as of December 31, 2023 (based on best available information as of the reporting date).

### **(5) Capital Contributions and Distributions**

The General Partner and limited partners have committed to make capital contributions in an aggregate amount of \$417,237,500.

Cumulative capital contributions as of December 31, 2023 were \$442,591,519. Cumulative distributions as of December 31, 2023 were \$661,047,658, of which \$32,370,691 represented recallable distributions and \$1,040,105 represented Short-term Distributions. As of December 31, 2023, 98.32% of committed capital has been funded, including the impact of recallable distributions by the Partnership. Cumulative capital contributions exceeded commitments due to capital being called out of recallable distributions.

### **(6) Management Fee**

In accordance with the Partnership Agreement, the Investment Manager receives from the Partnership a management fee (the "Management Fee") as compensation for its management and administrative

# Private Equity Partners 2004 Mgr LP

## Notes to Financial Statements

*December 31, 2023*

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services. The Management Fee is allocable to all limited partners, exclusive of the Goldman Special Limited Partner, an affiliate of the Investment Manager. The Management Fee is payable quarterly in arrears. Prior to the last day of the fifth anniversary of the funding date of the first capital call of the Partnership (the "Anniversary Date"), the Management Fee will be equal to (i) 1.00% per annum of such limited partner's capital commitment if such limited partner's capital commitment is less than \$100 million or (ii) 0.80% per annum of such limited partner's capital commitment if such limited partner's capital commitment is equal to or greater than \$100 million but less than \$150 million and (iii) 0.75% per annum of such limited partner's capital commitment if such limited partner's capital commitment is equal to or greater than \$150 million. In the years following the Anniversary Date, the Management Fee will be charged at rates equal to 75% of the applicable rates for the preceding year. For the period from January 1, 2023 through November 16, 2023, the Management Fee was calculated based on rates of 0.0178%, 0.0143% and 0.0134% per annum of capital commitments, as applicable. Beginning November 17, 2023, the Management Fee was calculated based on rates of 0.0134%, 0.0107% and 0.0100% per annum of capital commitments, as applicable.

Effective November 17, 2019, the Investment Manager has voluntarily waived the Management Fee. During the year ended December 31, 2023, the waiver amounted to \$64,142.

### **(7) Allocation of Partnership Profits and Losses**

Partnership profits and losses, other than the Management Fee, are initially allocated pro rata in accordance with each partner's capital commitment and ultimately distributed in accordance with the provisions of the Partnership Agreement. The Investment Manager determines the amount and timing of all distributions.

Short-term Distributions (as defined in the Partnership Agreement) will be made pro rata in accordance with each partner's respective capital commitment. Distributions, other than Short-term Distributions, are made pro rata in accordance with each partner's capital commitment until the partners have received aggregate distributions equaling the sum of (i) Contributed Capital (as defined in the Partnership Agreement) and (ii) Preferred Return (as defined in the Partnership Agreement) of 8% per annum, compounded annually on unreturned Contributed Capital.

The Goldman Special Limited Partner is then entitled to receive aggregate distributions equal to 5% of positive net cash flow from Partnership Investments (the "Catch-up Amount").

Distributions subsequent to the Catch-up Amount are allocated as follows: 5% of each partner's share of positive net cash flow from Portfolio Investments to the Goldman Special Limited Partner (and together with the Catch-up Amount, "Carried Interest"); and the remainder to the partners in accordance with each partner's capital commitment. Losses will be allocated in a manner designed to reverse appropriately, on a cumulative basis, allocations theretofore made.

At the time of liquidation of the Partnership, any excess carry distributions received by the Goldman Special Limited Partner (net of tax distributions, as defined in the Partnership Agreement) will be contributed back to the Partnership by such Goldman Special Limited Partner and distributed to the limited partners.

# Private Equity Partners 2004 Mgr LP

## Notes to Financial Statements

*December 31, 2023*

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As of December 31, 2023, a cumulative provision for Carried Interest allocation to the Goldman Special Limited Partner of \$2,601,962 has been made. Total distributions made amount to \$1,165,859, of which \$43,411 represented tax distributions. As of December 31, 2023, no allocation has been made to the Goldman Special Limited Partner.

### **(8) Related Party Transactions**

Private Equity Partners 2004 LP, Private Equity Partners 2004 Offshore Holdings LP, Private Equity Partners 2004 US-Focused (KP) Offshore Holdings LP, and Private Equity Partners 2004 Emp LP, four private equity partnerships also managed by the Investment Manager, may invest alongside the Partnership. Certain other affiliates of the Investment Manager may also invest alongside the Partnership.

The Goldman Special Limited Partner is a limited partner of the Partnership and is an affiliate of the Investment Manager. The capital commitment to the Partnership by the Goldman Special Limited Partner is \$3,200,000, of which \$3,295,332 has been contributed as of December 31, 2023. Cumulative distributions as of December 31, 2023 were \$7,735,272, of which \$248,291 represented recallable distributions and \$7,976 represented Short-term Distributions.

The capital commitment to the Partnership by the General Partner is \$100,000, of which \$102,959 has been contributed as of December 31, 2023. Cumulative distributions as of December 31, 2023 were \$159,739, of which \$7,749 represented recallable distributions and \$250 represented Short-term Distributions.

Other assets of \$95,713 include withholding taxes and operating expense reimbursements due to the Partnership from the limited partners. Such amounts, which were paid on their behalf by the Partnership, are also reflected as Due to related fund entities at December 31, 2023. All amounts are due and payable in the ordinary course of business.

Accrued expenses and other liabilities includes \$53 of amounts paid by the Investment Manager and its affiliates on behalf of the Partnership. Such amounts are due and payable in the ordinary course of business.

### **(9) Indemnifications**

In the normal course of business, the Partnership enters into contracts whereby the Partnership agrees to indemnify various parties, including with respect to representations made by the Partnership. Any exposure of the Partnership under these arrangements could involve future claims that may be made against the Partnership. Currently, no such claims exist or are expected to arise and, accordingly, the Partnership has not accrued any liability in connection with such indemnifications.

### **(10) Financial Instruments and Associated Risks**

The Partnership's investing activities expose it to various types of risks that are associated with the markets and financial instruments in which it invests. The significant financial risks to which the Partnership is exposed include, but are not limited to, market risk, liquidity risk, credit risk, interest rate risk and concentration risk. This is not meant to be a comprehensive list of the risks of the Partnership.

# Private Equity Partners 2004 Mgr LP

## Notes to Financial Statements

*December 31, 2023*

---

(a) *Market Risk*

Market risk encompasses the potential for both losses and gains and includes, but is not limited to, price risk and currency risk.

(i) *Price Risk*

The Partnership's investment is long-term and highly illiquid and there is no assurance that the Partnership will achieve its investment objectives including targeted returns.

(ii) *Currency Risk*

The Partnership may invest in financial instruments denominated in currencies other than its functional currency and therefore may be exposed to the risk that changes in exchange rates may have an adverse effect on the Partnership.

(b) *Liquidity Risk*

Liquidity risk is the risk that the Partnership will encounter difficulty in meeting obligations associated with financial liabilities. Among other things, liquidity could be impaired by an inability to access adequate sources of financing, the failure of limited partners to meet capital calls and unhedged currency risk of foreign denominated investment commitments. These situations may arise due to circumstances outside of the Investment Manager's control, such as a general market disruption or an operational challenge affecting the Partnership or third parties.

(c) *Credit Risk*

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

The Partnership, the Partnership Investment and their portfolio companies may acquire debt securities. Investment portfolios with debt securities are subject to credit risk. Credit risk refers to the likelihood that an issuer will default in the payment of principal and/or interest on an instrument.

Hedging strategies, which could involve a variety of derivative transactions may be used. While these transactions may reduce the market and liquidity risks associated with an investment, the risks posed by these transactions include the risk that counterparties will default on their obligations and the transaction will not adequately reduce the original market and liquidity risks.

(d) *Interest Rate Risk*

The Partnership may also have a credit facility with a financial institution. The Partnership may face a heightened level of interest rate risk in connection with the type and extent of certain monetary policy changes made by the Federal Reserve, such as target interest rate changes. A wide variety of market factors can cause interest rates to rise, including central bank monetary policy, rising inflation and changes in general economic conditions. The risks associated with changing interest rates may have unpredictable effects on the markets and the Partnership's investment and its facility with financial institutions. A sudden or unpredictable increase in interest rates may cause increased volatility in the

# Private Equity Partners 2004 Mgr LP

## Notes to Financial Statements

December 31, 2023

market and may decrease the liquidity of the Partnership's investment, which would make it harder for the Partnership to sell the investment at an advantageous time. Additionally, changes in market rates may result in declining yields upon reinvestment of excess cash balances.

(e) *Concentration Risk*

The Partnership may invest directly or indirectly in a limited number of investments and those investments may be concentrated in a particular industry or geographic region. A consequence of this concentration is that performance may be more favorably or unfavorably affected by the performance of individual investments, industries or regions.

### (11) Financial Highlights

The limited partners' Internal Rate of Return ("IRR") since inception of the Partnership, net of Carried Interest, if any, to the Goldman Special Limited Partner, is 7.05% through December 31, 2022 and 7.05% through December 31, 2023. The IRR is computed based on the dates of contributions and distributions, and the limited partners' ending capital (residual value) as of the measurement date.

The ratios of net investment income (loss) and operating expenses to average limited partners' capital and to committed capital are as follows:

|  | <u>Average Limited<br/>Partners' Capital</u> | <u>Limited Partners'<br/>Capital Commitments</u> |
|--|--|--|
| Net investment income (loss) ratio: <sup>(1)(2)</sup>  | (1.01)%                                      |  |
| Expense ratios: <sup>(2)(3)</sup>  |  |  |
| Operating expense  | 5.90%  | 0.06%  |
| Operating expense (including the effect of the change in<br>provision for Carried Interest allocation) | 4.49%  | 0.04%  |

<sup>(1)</sup> The net investment income (loss) to average limited partners' capital ratio is calculated using the limited partners' share of dividend income, other income and operating expenses of the Partnership, as applicable. The net investment income (loss) ratio, excluding \$64,142 of voluntary Management Fee waiver, would have been (2.57)%.

<sup>(2)</sup> The net investment income (loss) and operating expense ratios are based on the net investment income (loss) and expenses of the Partnership and do not include the Partnership's proportionate share of any net investment income (loss) or expenses from the Partnership Investment.

<sup>(3)</sup> The expense ratios are calculated using the limited partners' share of operating expenses of the Partnership, as reported in the Statement of Operations. As the Partnership's expenses are largely based on the limited partners' committed capital rather than their average capital, supplemental information has been provided disclosing the expense ratios as a percentage of the limited partners' committed capital. The operating expense ratios, excluding \$64,142 of voluntary Management Fee waiver, would have been 7.46% and 0.07%, to average limited partners' capital and to limited partners' capital commitments, respectively.

These financial highlights are for the limited partners taken as a whole, exclusive of the Goldman Special Limited Partner, for the year ended December 31, 2023.

# Private Equity Partners 2004 Mgr LP

## Notes to Financial Statements

*December 31, 2023*

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An individual limited partner's results may vary based on different Management Fee arrangements, if any, and the timing of capital contributions and distributions.

The Partnership was created to generate long-term capital gains rather than net investment income. Accordingly, although required by GAAP, the net investment income (loss) ratio reflected above is not consistent with the Partnership's general investment philosophy and therefore may not necessarily be an appropriate measure for the Partnership.

### **(12) Subsequent Events**

For purposes of these financial statements, subsequent events were evaluated through the date of the report of the independent auditors, which is the date the financial statements were available to be issued. On June 6, 2024, the Partnership made its final distributions of \$736,585 to its partners. No other material events have occurred that would require recognition or disclosure.

|                         |  |
|-------------------------|--|
| <b>Plan Name</b>        | <b>Private Equity Partners 2004 MGR LP</b> |
| <b>Plan Sponsor EIN</b> | <b>20-1653253</b>                          |
| <b>ERISA Plan #</b>     | <b>001</b>                                 |
| <b>Plan Year Ending</b> | <b>December 31, 2023</b>                   |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE's Independent Qualified Public Accountant (IQPA).

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>  | <b>Attachment</b> |
|----------------------|---------------|---|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant contributions            |                   |

|                         |  |
|-------------------------|--|
| <b>Plan Name</b>        | <b>Private Equity Partners 2004 MGR LP</b> |
| <b>Plan Sponsor EIN</b> | <b>20-1653253</b>                          |
| <b>ERISA Plan #</b>     | <b>001</b>                                 |
| <b>Plan Year Ending</b> | <b>December 31, 2023</b>                   |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE's Independent Qualified Public Accountant (IQPA).

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| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant contributions            |                   |

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) E
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan PRIVATE EQUITY PARTNERS 2004 MGR LP
1b Three-digit plan number (PN) 001
1c Effective date of plan
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) GSAM GEN-PAR, L.L.C.
C/O GOLDMAN SACHS & CO. LLC UNIT 3548 TAX DEPT. 200 WEST STREET NEW YORK NY 10282
2b Employer Identification Number (EIN) 20-1653253
2c Plan Sponsor's telephone number (646) 446-3311
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes signature of Kirsten Imohiosen dated 10/11/2024.

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

|   |  |
|---|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b><br><b>6a(2)</b><br><b>6b</b><br><b>6c</b><br><b>6d</b><br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>   |

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

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

|  |  |
|--|--|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|   |  |
|---|--|
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|---|--|

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

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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