

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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: HARBOURVEST PARTNERS VIII-BUYOUT FUND L.P. 1b Three-digit plan number (PN): 001 1c Effective date of plan 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code. 2b Employer Identification Number (EIN): 34-2063501 2c Plan Sponsor's telephone number: 617-348-3707 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 entries for employer/plan sponsor and DFE.

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

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HARBOURVEST PARTNERS VIII-BUYOUT FUND L.P.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HARBOURVEST PARTNERS VIII-BUYOUT FUND L.P.	D Employer Identification Number (EIN) 34-2063501	

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

HARBOURVEST VIII BUYOUT ASSOC L.P.

51-0578242

(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)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HARBOURVEST PARTNERS VIII-BUYOUT FUND L.P.</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HARBOURVEST PARTNERS VIII-BUYOUT FUND L.P.</u>	D Employer Identification Number (EIN) <u>34-2063501</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TWIN CITY IRON WORKERS PENSION FUND	
b	Name of plan sponsor	TWIN CITY IRON WORKERS	c EIN-PN 41-6084127-001
a	Plan name	SO CAL UNITED FOOD & COMM WORKERS	
b	Name of plan sponsor	SO CAL UNITED FOOD & COMM WORKERS	c EIN-PN 95-1939092-001
a	Plan name	SMITHFIELD FOODS, INC. MASTER TRUST	
b	Name of plan sponsor	SMITHFIELD FOODS, INC.	c EIN-PN 13-4103752-001
a	Plan name	SCRIPPS RESEARCH INST DIRECTED RETIRE TRUST	
b	Name of plan sponsor	SCRIPPS RESEARCH INSTITUTE	c EIN-PN 33-0435954-001
a	Plan name	SCHLUMBERGER MASTER PENSION TRUST	
b	Name of plan sponsor	SCHLUMBERGER	c EIN-PN 36-6913037-001
a	Plan name	WELLS FARGO & CO MASTER PEN TRUST	
b	Name of plan sponsor	WELLS FARGO & CO	c EIN-PN 41-1877342-001
a	Plan name	DELTA MASTER TRUST	
b	Name of plan sponsor	DELTA AIRLINES	c EIN-PN 36-6751614-001
a	Plan name	EMP RETIRE PLAN OF NATL EDU ASSOC	
b	Name of plan sponsor	NATIONAL EDUCATION ASSOCIATION	c EIN-PN 46-7435352-333
a	Plan name	WESTROCK COMPANY MASTER RETIREMENT TRUST	
b	Name of plan sponsor	WESTROCK	c EIN-PN 27-6430557-001
a	Plan name	IRON WORKERS PEN PLAN OF WEST PENN	
b	Name of plan sponsor	IRON WORKERS	c EIN-PN 25-1283169-001
a	Plan name	GOODYEAR TIRE & RUBBER COMPANY COMMON TRUST	
b	Name of plan sponsor	GOODYEAR	c EIN-PN 34-1458060-001
a	Plan name	FORD MOTOR CO DEF BENE MASTER TRUST	
b	Name of plan sponsor	FORD MOTOR COMPANY	c EIN-PN 36-7324188-100

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.)			
a	Plan name	EDISON PENSION TRUST	
b	Name of plan sponsor	EDISON	c EIN-PN 93-6061681-001
a	Plan name	RET & SEC PROG FOR EMP OF THE NATL TELECOMMUNICATIONS COOP ASSOC.	
b	Name of plan sponsor	NATL TELECOMMUNICATIONS COOP ASSOC	c EIN-PN 52-1558805-333
a	Plan name	DANAHER CORP RETIRE PLAN'S MASTER	
b	Name of plan sponsor	DANAHER CORPORATION	c EIN-PN 36-6807372-003
a	Plan name	BROOKLINE CONTRIBUTORY RETIRE SYS	
b	Name of plan sponsor	TOWN OF BROOKLINE	c EIN-PN 04-6006309-001
a	Plan name	STANLEY BLACK & DECKER, INC. PENSION MASTER TRUST	
b	Name of plan sponsor	BLACK & DECKER	c EIN-PN 26-2624844-001
a	Plan name	ALLEGHENY TECH INC MASTER PEN TRUST	
b	Name of plan sponsor	ALLEGHENY TECHNOLOGIES INCORPORATED	c EIN-PN 25-6224599-040
a	Plan name	1199SEIU GREATER NEW YORK PEN FUND	
b	Name of plan sponsor	1199SEIU	c EIN-PN 13-6601940-001
a	Plan name	CIC-TOC PENSION FUND	
b	Name of plan sponsor	WESTERN COUNCIL OF INDUST. WORKERS	c EIN-PN 93-6019280-001
a	Plan name	CONSOLIDATED NUCLEAR SECURITY, LLC MASTER RETIRE PLAN TRUST	
b	Name of plan sponsor	BWXT Y-12	c EIN-PN 62-1407069-001
a	Plan name	OREGON RETAIL EE'S PENSION TRUST	
b	Name of plan sponsor	OREGON RETAIL	c EIN-PN 93-6074377-001
a	Plan name	NIAGARA MOHAWK PENSION PLAN TRUST	
b	Name of plan sponsor	NIAGARA MOHAWK	c EIN-PN 13-6038545-001
a	Plan name	NAT'L GRID USA SVCS CO. INC. MASTER TRUST	
b	Name of plan sponsor	NATIONAL GRID USA COMPANIES	c EIN-PN 04-3325933-001

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.)			
a	Plan name	LUMBER INDUSTRY PENSION FUND	
b	Name of plan sponsor	LUMBER INDUSTRY	c EIN-PN 94-6065003-001
a	Plan name	LEGACY HEALTH SYS EE'S RETIRE PLAN	
b	Name of plan sponsor	LEGACY HEALTH	c EIN-PN 23-7426300-001
a	Plan name	RETIRE PLAN OF THE GIRL SCOUTS OF THE USA	
b	Name of plan sponsor	GIRL SCOUTS OF THE USA	c EIN-PN 13-1624016-001
a	Plan name	NAT'L GIRL SCOUTS COUN. RETIRE PLAN	
b	Name of plan sponsor	GIRL SCOUTS OF THE USA	c EIN-PN 13-1624016-002
a	Plan name	CUMMINS INC. & AFFIL. COLL. INVEST.	
b	Name of plan sponsor	CUMMINS INC.	c EIN-PN 36-2872395-001
a	Plan name	UNION PACIFIC CORPORATION MASTER RETIRE TRUST	
b	Name of plan sponsor	UNION PACIFIC CORPORATION	c EIN-PN 36-7045728-018
a	Plan name	EY PITNEY BOWES PENSION PLAN	
b	Name of plan sponsor	PITNEY BOWES	c EIN-PN 06-0495050-001
a	Plan name	NORTH ATLANTIC STATES CARPENTERS PENSION FUND	
b	Name of plan sponsor	NORTH ATLANTIC CARPENTERS PENSION	c EIN-PN 04-2305513-001
a	Plan name	NORTH ATLANTIC STATES CARPENTERS GUARANTEED ANNUITY	
b	Name of plan sponsor	NORTH ATLANTIC CARPENTERS ANNUITY	c EIN-PN 04-2776873-001
a	Plan name	IDAHO NAT'L LAB EE'S RETIRE PLAN	
b	Name of plan sponsor	IDAHO NATIONAL LABABCDEFGHI A	c EIN-PN 82-0334144-001
a	Plan name	DAIMLER TRUCKS N.AMERICA MASTER RET	
b	Name of plan sponsor	CHRYSLER LLC	c EIN-PN 93-0790608-009
a	Plan name	MASTER TRUST OF THE EE'S PENSION PLAN OF BATTELLE MEMORIAL INST	
b	Name of plan sponsor	BATTELLE	c EIN-PN 31-6023138-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HARBOURVEST PARTNERS VIII-BUYOUT FUND L.P.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HARBOURVEST PARTNERS VIII-BUYOUT FUND L.P.	D Employer Identification Number (EIN) 34-2063501

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	3370486
		2290994
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	55422231
(2) U.S. Government securities	1c(2)	14391180
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	4127859
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	62920576	16682174
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2245547	67044
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2245547	67044
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	60675029	16615130

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1585854	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1585854
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income	2c		310584
d Total income. Add all income amounts in column (b) and enter total.....	2d		1896438

Expenses

e 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
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	258181	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	674317	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	23839	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		956337
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		956337

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		940101
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		45000000

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: **ERNST&YOUNG**

(2) EIN: **34-6565596**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

AUDITED FINANCIAL STATEMENTS

HarbourVest Partners VIII-Buyout Fund L.P.

Year ended December 31, 2024

With Report of Independent Auditors



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Boston, MA 02116

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Report of Independent Auditors

To the General Partner of HarbourVest Partners VIII-Buyout Fund L.P.

Opinion

We have audited the financial statements of HarbourVest Partners VIII-Buyout Fund L.P. (the “Partnership”), which comprise the balance sheet as of December 31, 2024, and the related statements of operations, changes in partners’ equity and cash flows for the year then ended, and the related notes (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 at December 31, 2024, and the results of its operations, changes in its partners’ equity 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 (GAAS). Our responsibilities under those standards are further described in the Auditor’s 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 of 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 that the financial statements are available to be issued.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.



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- 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.

Ernst + Young LLP

March 20, 2025

HarbourVest Partners VIII-Buyout Fund L.P.
Balance Sheet
December 31, 2024
In U.S. Dollars

ASSETS

Cash and cash equivalents	14,391,180
Accounts receivable	2,290,994

Total assets	16,682,174
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LIABILITIES AND PARTNERS' EQUITY

Liabilities:

Accounts payable and accrued expenses	46,141
Accounts payable to HarbourVest Partners L.P.	20,903
Total liabilities	67,044

Partners' equity:

Paid-in capital and allocated profits and losses, less syndication costs and distributions:	
General Partner	2,044,762
Limited Partners	14,570,368
Total partners' equity	16,615,130

Total liabilities and partners' equity	16,682,174
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The accompanying notes form an integral part of the financial statements.

Confidential

HarbourVest Partners VIII-Buyout Fund L.P.
Statement of Operations
Year ended December 31, 2024
In U.S. Dollars

Investment income:	
Interest income	1,585,854
Total investment income	<u>1,585,854</u>
Investment expenses:	
Professional fees	943,731
Other expenses	12,606
Total investment expenses	<u>956,337</u>
Net investment income/(loss)	<u>629,517</u>
Realized and unrealized gains/(losses) on:	
Net realized gains/(losses) on:	
Investments	<u>310,584</u>
Net gains/(losses) on investments	<u>310,584</u>
Net income/(loss)	<u><u>940,101</u></u>

The accompanying notes form an integral part of the financial statements.

Confidential

HarbourVest Partners VIII-Buyout Fund L.P.
Statement of Changes in Partners' Equity
Year ended December 31, 2024
In U.S. Dollars

	General Partner	Limited Partners	Total
Partners' equity at December 31, 2023	5,022,279	55,652,750	60,675,029
Allocation of net income/(loss):			
Share of net income/(loss)	9,460	930,641	940,101
Carried interest allocation	(5,888)	5,888	-
Distributions	(2,981,089)	(42,018,911)	(45,000,000)
Partners' equity at December 31, 2024	2,044,762	14,570,368	16,615,130

The accompanying notes form an integral part of the financial statements.

Confidential

HarbourVest Partners VIII-Buyout Fund L.P.
Statement of Cash Flows
Year ended December 31, 2024
In U.S. Dollars

Operating activities

Net income/(loss)	940,101
Adjustments to reconcile net income/(loss) to net cash provided by/(used in) operating activities:	
Contributions and subscriptions to investments	(831,858)
Distributions and redemptions from investments	3,499,132
Net realized (gain)/loss on investments	(310,584)
Net change in accounts receivable	(6,497)
Net change in accounts payable and accrued expenses	(204,463)
Net change in accounts payable to HarbourVest Partners L.P.	(202,871)
Net cash provided by/(used in) operating activities	<u>2,882,960</u>

Financing activities

Distributions	<u>(43,914,011)</u>
Net cash provided by/(used in) financing activities	<u>(43,914,011)</u>
Net increase/(decrease) in cash and cash equivalents	(41,031,051)
Cash and cash equivalents at the beginning of year	<u>55,422,231</u>
Cash and cash equivalents at the end of year	<u><u>14,391,180</u></u>

Supplemental disclosure:

Non-cash distributions paid during the year	1,085,989
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The accompanying notes form an integral part of the financial statements.

Confidential

1. Partnership

HarbourVest Partners VIII-Buyout Fund L.P. (the "Partnership") was legally formed as a partnership under Delaware law and began admitting partners on May 24, 2006. The purpose of the Partnership is to make investments in limited partnerships or other pooled investment vehicles which, in turn, make private equity investments ("Partnership Investments") and to invest directly in private equity investments ("Direct Investments"). Private equity investments are defined in the partnership agreement as investments in management buy-in, management buy-out, leveraged buy-out, mezzanine, special situation, recapitalization and other private equity transactions. The total amount invested or committed to be invested in secondary partnership investments and direct investments shall not exceed the greater of 35% of the aggregate capital commitments of the partners and 35% of the cumulative amount invested or committed to be invested in partnership investments and direct investments. The total amount invested or committed to be invested in direct investments shall not exceed the greater of 10% of the aggregate capital commitments of the partners and 10% of the cumulative amount invested or committed to be invested in partnership investments and direct investments. The Partnership commenced operations and began charging management fee on October 1, 2006. The first capital call was made on October 11, 2006.

As of December 31, 2024, HarbourVest VIII-Buyout Associates L.P., (the "General Partner") and limited partners had committed \$2,937,878,788 in capital, of which 97.0%, or \$2,849,742,431 has been called. The remaining unfunded capital commitments of \$88,136,357 are due upon not less than 10 days prior written notice from the General Partner. The General Partner has agreed to contribute capital to the Partnership in an aggregate amount equal to 1% of the aggregate capital contributions of all partners. Such amount may be paid by the General Partner upon and to the extent of distributions made by the Partnership to the General Partner, but in no event later than the end of the Partnership's taxable year in which the General Partner's interest is liquidated (or, if later, within 90 days after the date of such liquidation).

Generally, net profits and losses (defined as "Net Profits" or "Net Losses" in the partnership agreement) are allocated to the partners in proportion to their respective sharing percentages. Management fees are allocated to the limited partners in accordance with their sharing percentages. Net secondary profits and losses of the Partnership, as defined in the partnership agreement, represent the net profits and losses derived directly or indirectly from interests in partnerships, which are not issued directly by the applicable partnership at the time of purchase, including unrealized profits and losses.

Net secondary profits and losses are allocated 10% to the General Partner (carried interest) and 90% to all partners in proportion to their sharing percentages, as defined in the partnership agreement, unless cumulative net secondary losses exceed cumulative net secondary profits. In such a case, excess net secondary losses are allocated to all partners in proportion to their respective sharing percentages. Subsequent net secondary profits are allocated in proportion to each partner's sharing percentage, up to previously allocated excess net secondary losses. Net secondary investment profits (losses), including realized and unrealized gains and losses, subject to carried interest for the year ended December 31, 2024 total (\$57,717).

Net direct profits and losses, as defined in the partnership agreement, represent the net profits and losses derived directly or indirectly from direct investments. Net direct profits and losses are allocated 15% to the General Partner (carried interest) and 85% to all partners in proportion to their sharing percentages, unless cumulative net direct losses exceed cumulative net direct profits. In such a case, excess net direct losses are allocated to all partners in proportion to their respective sharing percentages. Subsequent net direct profits are allocated in proportion to each partner's sharing percentages, up to previously allocated excess net direct losses. Net direct profits (losses), including realized and unrealized gains and losses, subject to carried interest for the year ended December 31, 2024 total (\$778).

No limited partner may assign or otherwise transfer all or any part of their interest in the Partnership to another entity unless the General Partner has consented to the transfer in writing in accordance with the partnership agreement.

The Partnership was scheduled to terminate on September 30, 2020. Under the terms of the Partnership agreement, the Partnership was extended for two one-year extensions with the consent of limited partners holding at least three-fifths of the aggregate sharing percentages. Following the conclusion of the most recent extension on September 30, 2022, the requisite percentage of limited partners has approved an extension to September 30, 2024. Under the terms of the limited partnership agreement, the Partnership is in the process of liquidating the remaining assets and the General Partner will wind up the Partnership in an orderly manner.

2. Significant Accounting Policies

Method of Accounting

The financial statements are prepared in conformity with U.S. generally accepted accounting principles. The Partnership is an investment company following the accounting and reporting guidance of the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 946 “Financial Services – Investment Companies”.

Estimates

The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires the General Partner to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents may consist of deposits held at a bank or an investment in a money market fund to which the Partnership is exposed to credit concentration risk. The Partnership considers all highly liquid investments with an original maturity of three months or less to be cash equivalents. The carrying amount included in the Balance Sheet for cash and cash equivalents approximates their fair value. The amounts on deposit may exceed the federal deposit insurance limits.

As of December 31, 2024, the Partnership held the following cash and cash equivalents:

All amounts in U.S. Dollars

Deposits	278,083
JP Morgan US Government MMF Capital	14,113,097
Total cash and cash equivalents	14,391,180

Investments in money market funds are recorded at net asset value per share and are classified as Level 1 assets.

Accounts Receivable

Accounts receivable includes amounts due from the limited partners for taxes withheld and remitted and estimated withholding tax payments made on their behalf.

Foreign Currency Transactions

Foreign currency transactions, if any, are translated into U.S. Dollars at the exchange rate in effect at the transaction dates. Foreign currency balances are translated at the rates in effect at December 31, 2024. The Partnership does not isolate that portion of net income or loss resulting from changes in foreign exchange rates on investments from the fluctuations arising from changes in fair value of investments. Such fluctuations are included in the Statement of Operations in net realized gains/(losses) and unrealized appreciation/(depreciation) on investments. Foreign currency gains and losses on cash and other receivables and payables, if any, are included in net realized gains/(losses) and unrealized appreciation/(depreciation) on foreign currency transactions on the Statement of Operations.

Revenue Recognition

Dividend and interest income, if any, is recorded on the accrual basis of accounting. Dividend income, if any, is recorded on the ex-dividend date. Interest and dividend income are presented net of withholding tax, if any.

Expenses

Expenses are recorded on an accrual basis as incurred. The Partnership allocates expenses to limited partners in accordance with their respective sharing percentages. Expenses paid directly by the Partnership may include tax expense, professional fees, and other out-of-pocket expenses and are included in the Statement of Operations.

Income Taxes

The Partnership has elected to be treated as a partnership for U.S. tax purposes.

The Partnership accounts for income taxes under the provisions of ASC 740, "Income Taxes." This standard establishes consistent thresholds as it relates to accounting for income taxes. It defines the threshold for recognizing the benefits of tax-return positions in the financial statements as "more-likely-than-not" to be sustained by the taxing authority and requires measurement of a tax position meeting the more-likely-than-not criterion, based on the largest benefit that is more than fifty percent likely to be realized. 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. The General Partner has analyzed the Partnership's inventory of tax positions taken with respect to all applicable income tax issues for all open tax years (in each respective jurisdiction), and has concluded that no provision for income tax is required in the Partnership's financial statements. Each partner individually may be required to report on its own tax return its pro rata share of the Partnership's taxable income or loss.

The Partnership may be subject to taxes imposed by countries in which it invests. Such taxes are generally based on income and/or capital gains earned or repatriated. Foreign taxes, if any, are recorded based on the tax regulations and rates that exist in the foreign markets in which the Partnership invests. To the extent taxes are attributable to certain partners, the amounts are withheld from those partners' distributions and the withholdings are accounted for as deemed non-cash distributions to such partners. To the extent taxes are borne by the Partnership, the amounts are accrued and applied to net investment income, net realized gains and net unrealized appreciation as such income and/or gains are earned, and the Partnership records an estimated deferred tax liability in an amount that would be payable if the securities were disposed of on the valuation date. As of December 31, 2024, there were no deferred tax liabilities at the Partnership level.

Market and Other Risk Factors

The Partnership's investments are subject to various risk factors including market, credit, interest rate and currency risk. The Partnership's investments are inherently more sensitive to declines in revenues and to increases in expenses that may occur due to general downward swings in the world economy or other risk factors including increasingly intense competition, rapid changes in technology, changes in federal, state and foreign regulations, and limited capital investments. Since the Partnership's investments generally will involve a high degree of risk, poor performance by a few of the investments could adversely affect the total return to limited partners.

3. Investments

As of December 31, 2024, the Partnership has fully liquidated all investments.

Investment Transactions

Contributions to and distributions from these Direct Investments (held through a partnership or other co-investment vehicle) are accounted for on a trade date basis. Distributions received from these investments are recorded as income, realized gain or return of capital on the trade date based on the character determined by the general partners of these investments. Distributions from these investments when identified as realized gain, dividend income, interest income, net of applicable withholding taxes, are recorded as such by the Partnership in the Statement of Operations. Returns of capital reduce these investments' cost.

Realized gains and losses on Direct Investments (not held through a partnership) are measured by the difference between the proceeds from the sale and the cost basis of the investment using the specific identification method.

4. Management Fee

The General Partner, or its designee, has agreed to provide management services to the Partnership for which it receives a management fee based on capital commitments. In general, the General Partner, or its designee, bears all ordinary costs of administering the Partnership (other than the management fee), except for such expenses as organizational expenses, legal and accounting fees, costs of reporting to the limited partners, and other costs of evaluating, making, holding and selling investments and certain other costs and expenses. The General Partner has retained HarbourVest Partners L.P. (the "Management Company") to provide such services. The management fee terminated on September 30, 2022.

5. Financial Highlights

Financial highlights for the year ended December 31, 2024 were as follows:

	Percent (%) ⁽¹⁾
<i>Internal rate of return to limited partners since inception:</i>	
Beginning of year	10.6
End of year	10.6
<i>Ratio to limited partners' average partners' equity:</i>	
Net investment income/(loss)	1.9
Operating expenses	2.8
Carried interest allocation	0.0
Total expenses and carried interest	2.8
<i>Ratio to limited partners' committed capital:</i>	
Operating expenses	0.0

¹ Amounts shown as zero round to less than 0.05%.

The internal rate of return to limited partners is calculated net of carried interest and expenses taking into account the actual dates of the cash inflows (contributions), outflows (distributions), and the ending net asset value at the end of the period (residual value) of the limited partners' capital account as of the measurement date.

Net investment income/(loss) is the limited partners' share of investment income, net of operating expenses and does not include the proportionate share of net gain or loss from underlying investments (or the effects of carried interest). Operating expenses include the limited partners' share of partnership expenses and do not include expenses from underlying investments.

The carried interest allocation is the General Partner's share of net income or loss calculated in accordance with the partnership agreement.

As the Partnership's expenses are largely based on the limited partners' committed capital rather than their average capital, supplemental information has been provided in order to disclose the expense ratio as a percentage of the limited partners' committed capital.

6. Related-Party Transactions

Accounts payable to HarbourVest Partners L.P. represents expenses of the Partnership incurred in the ordinary course of business, which have been paid by and are reimbursable to the Management Company at December 31, 2024.

Certain partners of the Management Company may serve as members of the advisory committees of certain investee entities and may be the partners of the General Partner.

HarbourVest Partners VIII-Cayman Buyout Fund L.P, a limited partner of the Partnership, has a \$1,830,800,000 capital commitment to the Partnership.

7. General Indemnifications

General Indemnifications

In the normal course of business, the Partnership may enter into contracts that contain a variety of representations and warranties and which provide for general indemnifications. The Partnership's maximum exposure under these arrangements is unknown, as this would involve future claims that may be made against the Partnership that have not yet occurred. Based on the prior experience of the General Partner, the Partnership expects the risk of loss under these indemnifications to be remote.

General Partner Indemnifications

Consistent with standard business practices in the normal course of business, the Partnership has provided general indemnifications to the General Partner, any affiliate of the General Partner and any person acting on behalf of the General Partner or such affiliate when they act in good faith, in the best interest of the Partnership. The Partnership is unable to develop an estimate of the maximum potential amount of future payments that could potentially result from any hypothetical future claim but expects the risk of having to make any payments under these general business indemnifications to be remote.

8. Subsequent Events

In the preparation of the financial statements, the General Partner has evaluated the effects, if any, of events occurring after December 31, 2024 through the date of the report of the independent auditors, which is the date that the financial statements were available to be issued. There were no events or material transactions subsequent to December 31, 2024 that required recognition or disclosure in the financial statements.

HarbourVest Partners VIII-Buyout Fund L.P.
**Supplemental Information - Detailed Schedule of Partners'
Equity**

from JANUARY 01, 2024 to DECEMBER 31, 2024

In U.S. Dollars	Capital account at 12/31/2023	Contributions	Net operating income/(loss)	Net realized gain/(loss)	Syndication Costs	Distributions	Transfers	Capital account at 12/31/2024
Limited Partners:								
LP ID Number								
LPID00002	575,035	-	6,467	3,193	-	(433,889)	-	150,806
LPID00021	862,538	-	9,701	4,789	-	(650,827)	-	226,201
LPID00023	287,514	-	3,234	1,596	-	(216,943)	-	75,401
LPID00061	479,192	-	5,389	2,661	-	(361,571)	-	125,671
LPID00128	76,662	-	862	426	-	(57,849)	-	20,101
LPID00175	322,011	-	3,622	1,788	-	(242,973)	-	84,448
LPID00260	67,072	-	755	373	-	(50,615)	-	17,585
LPID00329	143,753	(7,275,000)	855,824	(6,763,719)	18,242	13,020,900	-	-
LPID00332	47,905	-	539	266	-	(36,151)	-	12,559
LPID00404	383,350	-	4,311	2,129	-	(289,257)	-	100,533
LPID00435	143,753	-	1,617	798	-	(108,468)	-	37,700
LPID00464	1,725,063	-	19,401	9,579	-	(1,301,644)	-	452,399
LPID00585	2,779,269	-	31,257	15,432	-	(2,097,095)	-	728,863
LPID00586	1,150,050	-	12,934	6,386	-	(867,769)	-	301,601
LPID00690	258,759	-	2,910	1,437	-	(195,247)	-	67,859
LPID00807	268,350	-	3,018	1,490	-	(202,482)	-	70,376
LPID00828	287,514	-	3,234	1,596	-	(216,943)	-	75,401
LPID00987	86,247	-	970	479	-	(65,080)	-	22,616
LPID01074	47,905	-	539	266	-	(36,151)	-	12,559
LPID01104	575,035	-	2,142	(60)	-	(298,175)	(278,942)	-

HarbourVest Partners VIII-Buyout Fund L.P.
**Supplemental Information - Detailed Schedule of Partners'
Equity**

from JANUARY 01, 2024 to DECEMBER 31, 2024

In U.S. Dollars	Capital account at 12/31/2023	Contributions	Net operating income/(loss)	Net realized gain/(loss)	Syndication Costs	Distributions	Transfers	Capital account at 12/31/2024
LPID01136	210,843	-	2,371	1,171	-	(159,090)	-	55,295
LPID01149	86,247	-	970	479	-	(65,080)	-	22,616
LPID01161	383,350	-	4,311	2,129	-	(289,257)	-	100,533
LPID01179	229,997	-	2,587	1,277	-	(173,546)	-	60,315
LPID01188	47,905	-	539	266	-	(36,151)	-	12,559
LPID01189	239,592	-	2,695	1,330	-	(180,784)	-	62,833
LPID01255	310,509	-	3,492	1,724	-	(234,294)	-	81,431
LPID01256	207,010	-	2,328	1,149	-	(156,200)	-	54,287
LPID01403	469,601	-	5,281	2,608	-	(354,333)	-	123,157
LPID01574	325,847	-	3,665	1,809	-	(245,868)	-	85,453
LPID01579	440,861	-	4,958	2,448	-	(332,648)	-	115,619
LPID01590	191,674	-	2,156	1,064	-	(144,627)	-	50,267
LPID01705	2,395,917	-	26,946	13,304	-	(1,807,840)	-	628,327
LPID01738	479,194	-	5,389	2,661	-	(361,571)	-	125,673
LPID01805	191,675	-	2,156	1,064	-	(144,627)	-	50,268
LPID02228	421,690	-	4,743	2,341	-	(318,183)	-	110,591
LPID03369	287,515	-	3,234	1,596	-	(216,943)	-	75,402
LPID03764	575,035	-	6,467	3,193	-	(433,889)	-	150,806
LPID03944	718,768	-	8,084	3,991	-	(542,349)	-	188,494
LPID04953	-	-	3,028	2,277	-	(95,000)	195,259	105,564

HarbourVest Partners VIII-Buyout Fund L.P.

Supplemental Information - Detailed Schedule of Partners' Equity

from JANUARY 01, 2024 to DECEMBER 31, 2024

In U.S. Dollars	Capital account at 12/31/2023	Contributions	Net operating income/(loss)	Net realized gain/(loss)	Syndication Costs	Distributions	Transfers	Capital account at 12/31/2024
LPID04954	-	-	1,298	976	-	(40,715)	83,683	45,242
LPID05292	-	7,275,000	(854,207)	6,764,518	(18,242)	(13,129,369)	-	37,700
LPIDF00340	34,996,055	-	394,662	194,849	-	(26,432,418)	-	9,153,148
LPIDF00529	1,876,488	-	21,103	10,418	-	(1,415,900)	-	492,109
	55,652,750	-	626,982	309,547	-	(42,018,911)	-	14,570,368
General Partner								
HarbourVest VIII-Buyout Associates L.P.	5,022,279	-	2,535	1,037	-	(2,981,089)	-	2,044,762
	60,675,029	-	629,517	310,584	-	(45,000,000)	-	16,615,130

NOTE: Totals and subtotals may not recalculate due to rounding.

Basis of Presentation: This detailed schedule of partners' equity represents annual changes in the individual partners' capital accounts, who are the partners represented in the statement of changes in partners' capital included in the accompanying financial statements. The schedule was prepared on the same basis of accounting as described in the Significant Accounting Policies note to the accompanying financial statements. The allocations to individual partners have been made in accordance with the following sections of the Partnership Agreement: Section 2 with respect to capital contributions, Section 5 with respect to capital distributions, Section 4 with respect to net operating income/(loss), net realized gain/(loss), and net unrealized appreciation/(depreciation) of investments, and Section 9 with respect to management fees, where applicable.