

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

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 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) M, 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: FORD MOTOR COMPANY TRUST FUND PRIVATE EQUITY
1b Three-digit plan number (PN): 108
1c Effective date of plan: 01/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan): FORD MOTOR COMPANY
2b Employer Identification Number (EIN): 36-7324188
2c Plan Sponsor's telephone number: 313-322-3000
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.

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <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> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <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) (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	<b>9b</b> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (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 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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>FORD MOTOR COMPANY TRUST FUND PRIVATE EQUITY</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>108</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FORD MOTOR COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-7324188</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

**ADAMS STREET PARTNERS, LLC**

**26-3265104**

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

**CENTERBRIDGE ADVISORS II, LLC**

**27-3060659**

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

**CENTERBRIDGE CAPITAL PARTNERS II LP**

**27-3060225**

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

**CENTERBRIDGE PARTNERS DCE II LP**

**37-1662971**

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

GCM GROSVENOR, L.P.

80-0952472

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

GOLDMAN SACHS ASSET MANAGEMENT LP

13-3575636

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

HARBOURVEST PARTNERS, LLC

ONE FINANCIAL CENTER  
BOSTON, MA 02111

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

HARBOURVEST VIII-MEZZANINE ASSOC LP

34-2063496

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

HARBOURVEST VIII-VENTURE ASSOC LP

34-2063513

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

NEUBERGER BERMAN INVST ADV LLC

1290 AVENUE OF THE AMERICAS  
NEW YORK, NY 10104

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

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

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

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

JPMORGAN CHASE BANK, N.A.

13-4994650

(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?
24 27 28 50 51 52	NONE KNOWN	807050	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (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 (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 (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:

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

<b>A</b> Name of plan <u>FORD MOTOR COMPANY TRUST FUND PRIVATE EQUITY</u>	<b>B</b> Three-digit plan number (PN)	<u>108</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FORD MOTOR COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-7324188</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (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: ADAMS STREET 2008 NON-US FUND LP

**b** Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC

<b>c</b> EIN-PN <u>26-1268649-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>410904</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET 2008 US FUND, LP

**b** Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC

<b>c</b> EIN-PN <u>26-1268403-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1741717</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET 2009 US FUND, LP

**b** Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LP

<b>c</b> EIN-PN <u>26-3337918-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20420315</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL OPPORTUNITIES SECONDARY FUND

**b** Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC

<b>c</b> EIN-PN <u>26-3265104-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7228790</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: 2009 NON-US DEVELOPED MKTS FUND LP

**b** Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC

<b>c</b> EIN-PN <u>26-3338089-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8152608</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET 2011 US FUND LP

**b** Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC

<b>c</b> EIN-PN <u>27-3682668-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11306710</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: 2011 EMERGING MARKETS FUND LP

**b** Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC

<b>c</b> EIN-PN <u>27-3683721-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6096437</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: 2011 NON-US DEVELOPED MKTS FUND LP

**b** Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC

<b>c</b> EIN-PN 27-3683054-001	<b>d</b> Entity code E	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6837003
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

**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)
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**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	FORD MOTOR COMPANY GENERAL RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	FORD MOTOR COMPANY	<b>c</b> EIN-PN 38-0549190-002

<b>a</b> Plan name	FORD MOTOR COMPANY UAW RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	FORD MOTOR COMPANY	<b>c</b> EIN-PN 38-0549190-001

<b>a</b> Plan name	AUTOALLIANCE INTERNATIONAL, INC. RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY THE UAW	
<b>b</b> Name of plan sponsor	FORD MOTOR COMPANY	<b>c</b> EIN-PN 38-0549190-007

<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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FORD MOTOR COMPANY TRUST FUND PRIVATE EQUITY</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>108</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FORD MOTOR COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-7324188</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>	3	2
<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>	16032757	1946
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	11370003	36
<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>	989205096	782497899
<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>	101053994	62194484
<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>		

<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>	1117661853	844694367
<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>	22964772	38
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	22964772	38
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1094697081	844694329

**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>	278957	
<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>		278957
<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>	206171581	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	93900983	
<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>		112270598
<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>	-118881951	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-118881951

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-9661807
<b>c</b> Other income .....	<b>2c</b>		4739005
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		-11255198

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	807951	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	38	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1604653	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2412642
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2412642

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-13667840
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		18233411
(2) From this plan .....	<b>2l(2)</b>		254568323

**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:

(2) EIN:

**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.)	X		
<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 \_\_\_\_\_.

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number FDPREQ  
Account Name FORD PRIVATE EQUITY

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◆ **5% Report - Part A***Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,094,697,080.79

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number FDPREQ  
Account Name FORD PRIVATE EQUITY

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◆ **5% Report - Part B***Series of Non-Security Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,094,697,080.79

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number FDPREQ  
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◆ **5% Report - Part C Summary***Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
FORD CUSTOM FD CUSIP: 345399778	Total acquisitions	476	303,065,163.64		0.00	303,065,163.64	303,065,163.64
	Total dispositions	388			0.00	314,435,130.60	314,435,130.60

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,094,697,080.79

**5500 Supplemental Schedules**

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◆ **5% Report - Part D***Series of Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 1,094,697,080.79

**5500 Supplemental Schedules**

31 DEC 24

Account number FDPREQ  
Account Name FORD PRIVATE EQUITY

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b><i>Non-Interest Bearing Cash - USD</i></b>			
EUR - Euro	0.000	0.00	0.00
GBP - British pound sterling	0.000	0.00	0.00
USD - United States dollar	2.490	2.49	2.49
<b>Total - all currencies</b>		<b>2.49</b>	<b>2.49</b>
<b>Total Non-Interest Bearing Cash - USD</b>		<b>2.49</b>	<b>2.49</b>
<b><i>Interest-Bearing Cash - USD</i></b>			
USD - United States dollar	35.860	35.86	35.86
<b>Total - all currencies</b>		<b>35.86</b>	<b>35.86</b>
<b>Total Interest-Bearing Cash - USD</b>		<b>35.86</b>	<b>35.86</b>
<b><i>Partnership/Joint Venture Interests</i></b>			
<b>China - USD</b>			
CHINA BROADBAND CAPITAL PARTNERS II, LP CUSIP: 9919Q2992	4,829,307.020	4,829,307.02	6,738,259.00
ORCHID ASIA V, LP CUSIP: 9918WM993	8,744,228.000	8,744,228.00	3,502,438.00
<b>Total China - USD</b>		<b>13,573,535.02</b>	<b>10,240,697.00</b>
<b>France - EUR</b>			
SOFINNOVA CAPITAL VI, FCPR SEDOL: 1A18KJU	5,983,269.360	7,970,958.28	1,945,396.94
<b>Total France - EUR</b>		<b>7,970,958.28</b>	<b>1,945,396.94</b>
<b>Luxembourg - EUR</b>			
APAX EUROPE VI-A (SECONDARY) SEDOL: 0A1GW0U	98,535.750	115,334.23	90,964.54

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

31 DEC 24

Account number FDPREQ  
Account Name FORD PRIVATE EQUITY

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Partnership/Joint Venture Interests</b>			
<b>Luxembourg - EUR</b>			
APAX EUROPE VII A SEDOL: 674373U	13,067,454.700	17,903,993.73	359,827.01
SUMMIT PARTNERS EUROPE PRIVATE EQUITY FUND CUSIP: 9911DC991	4,311,784.130	5,072,938.84	0.89
WPEF IV FEEDER (SCOTLAND) LP SEDOL: 2A1CL3U	1.000	1.14	1.04
<b>Total Luxembourg - EUR</b>		<b>23,092,267.94</b>	<b>450,793.48</b>
<b>Netherlands - EUR</b>			
WPEF V FEEDER LP CUSIP: 991808999	1.000	1.10	372,060.34
<b>Total Netherlands - EUR</b>		<b>1.10</b>	<b>372,060.34</b>
<b>United Kingdom - GBP</b>			
BOWMARK CAPITAL PARTNERS IV LP SEDOL: 7A11K9U	2,358,263.000	3,685,047.43	1.18
<b>Total United Kingdom - GBP</b>		<b>3,685,047.43</b>	<b>1.18</b>
<b>United States - EUR</b>			
HARBOURVEST INTL PEP VI - PSHP FUND CUSIP: 9916L6994	15,947,953.000	19,730,410.12	15,467,217.47
<b>Total United States - EUR</b>		<b>19,730,410.12</b>	<b>15,467,217.47</b>
<b>United States - USD</b>			
ADAMS STREET PARTNERSHIP FUND - 2009 NON-U.S. EMERGING MARKETS FUND LP CUSIP: 000622696	3,575,874.000	3,575,874.00	5,670,551.00
ADAMS STREET 2008 DIRECT FUND, LP CUSIP: 000570531	96,451.000	96,451.00	1,149,043.00
ADAMS STREET 2008 GLOBAL OPPORTUNITIES PORTFOLIO, LP CUSIP: 000576256	10,951,693.000	10,951,693.00	1,606,273.00
ADAMS STREET 2009 DIRECT FUND, L.P. CUSIP: 000612960	254,480.000	254,480.00	2,122,587.00
ADAMS STREET 2011 DIRECT FUND LP CUSIP: 9916U7992	346,019.000	346,019.00	1,625,637.00

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

31 DEC 24

Account number FDPREQ  
Account Name FORD PRIVATE EQUITY

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Partnership/Joint Venture Interests</b>			
<b>United States - USD</b>			
ARCH VENTURE FUND VI (SECONDARY) CUSIP: 9914NE990	98,598.240	98,598.24	101.00
ASIA ALTERNATIVES CAPITAL PTRS (SECONDARY) CUSIP: 991326992	1.000	1.00	8,011.00
BLACKSTONE CAP PTRS IV CUSIP: 9914EH993	154,791.800	154,791.80	166.00
CARLYLE PARTNERS V (SECONDARY) CUSIP: 9914EA998	125,402.080	125,402.08	15,740.00
CENTERBRIDGE CAPITAL PARTNERS II CUSIP: 9917A5996	31,457,234.000	31,457,234.00	227,795.00
GCM GROSVENOR DIVERSIFIED PRIVATE EQUITY(2010-1 SERIES) CUSIP: 991379991	15,277,214.920	15,277,214.92	1,548,537.00
GCM GROSVENOR DIVERSIFIED PRIVATE EQUITY(2010-2 SERIES) CUSIP: 9915VS997	4,541,398.020	4,541,398.02	818,981.00
GCM GROSVENOR DIVERSIFIED PRIVATE EQUITY2008 LP CUSIP: 000590398	33,200,022.160	33,200,022.16	7,621,179.00
GCM GROSVENOR DIVERSIFIED PRIVATE EQUITY2009 CUSIP: 000629808	27,685,524.610	27,685,524.61	6,604,581.00
GENSTAR CAPITAL PARTNERS V, LP CUSIP: 000495150	7,654,577.210	7,654,577.21	9,996.00
GREAT HILL EQUITY PARTNERS IV, LP CUSIP: 000595413	5,412,378.970	5,412,378.97	5,951,802.00
HARBOURVEST PARTNERS IX CREDIT OPPORTUNITIES FUND CUSIP: 9918HD990	4,918,408.000	4,918,408.00	4,432,308.00
HARBOURVEST PARTNERS IX-BUYOUT FUND CUSIP: 9918FC994	12,344,457.000	12,344,457.00	17,895,355.00
HARBOURVEST PARTNERS IX-VENTURE FUND CUSIP: 9918GZ992	14,925,353.000	14,925,353.00	31,218,691.00
HARBOURVEST PARTNERS VIII-BUYOUT FUND,LP CUSIP: 000534792	27,701,798.000	27,701,798.00	708,312.00
HARBOURVEST PARTNERS VIII-MEZZANINE AND DISTRESSED DEBT FUND, LP CUSIP: 000534859	6,396,678.000	6,396,678.00	277,295.00
HARBOURVEST PARTNERS VIII-VENTURE FUND, LP CUSIP: 000534818	12,279,323.000	12,279,323.00	7,406,270.00
HORSLEY BRIDGE INTERNATIONAL V, LP CUSIP: 000618918	147,302,210.320	147,302,210.32	343,196,557.00

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Partnership/Joint Venture Interests</b>			
<b>United States - USD</b>			
HORSLEY BRIDGE IX, LP CUSIP: 000561571	103,592,443.740	103,592,443.74	158,004,666.00
J.P MORGAN EUROPEAN CORPORATE FINANCE IV CUSIP: 000602060	42,954,578.000	42,954,578.00	16,311,954.00
J.P. MORGAN U.S. CORPORATE FINANCE INSTITUTIONAL INVESTORS IV LLC CUSIP: 9911FF992	56,330,320.000	56,330,320.00	18,542,296.00
JP MORGAN EUROPEAN POOLED CORPORATE FIANANCE INSTL INVESTORS III LLC CUSIP: 000400440	26,358,522.000	26,358,522.00	501,689.00
JP MORGAN POOLED VENT CAP INST INVS II CUSIP: 000124982	64,709,554.170	64,709,554.17	7,436,018.00
JP MORGAN POOLED VENTURE CAPITAL INSTL INVESTORS III LLC CUSIP: 000400457	86,369,091.000	86,369,091.00	26,703,201.00
JP MORGAN US POOLED CORPORATE FINANCE INSTL INVESTORS III LLC CUSIP: 000400465	50,243,905.000	50,243,905.00	4,940,232.00
LONGREACH CAPITAL PARTNERS I LP CUSIP: 9915EN997	107,777.240	107,777.24	173,205.00
MD SASS MACQUARIE FINANCIAL STRATEGIES (SECONDARY) CUSIP: 9913GR991	80,507.000	80,507.00	60,745.00
METALMARK CAPITAL PARTNERS TE II LP CUSIP: 9917B5995	9,501,684.000	9,501,684.00	6,452,385.00
MHR INSTITUTIONAL PARTNERS II (SECONDARY) CUSIP: 9914DT998	17,956.910	17,956.91	41,268.00
MHR INSTITUTIONAL PARTNERS III (SECONDARY) CUSIP: 9914DV993	83,369.490	83,369.49	158,449.00
NEW ENTERPRISE ASSOCIATES XII, LP CUSIP: 000413997	18,315,894.800	18,315,894.80	752,435.00
NEW ENTERPRISE ASSOCIATES XIII, LP CUSIP: 000632083	4,737,728.680	4,737,728.68	1,864,511.00
NEW MOUNTAIN PARTNERS III (AIV-D) CUSIP: 991FZC996	906,033.150	906,033.15	1,177,490.00
NEW MOUNTAIN PARTNERS III, LP CUSIP: 000557637	18,152,514.520	18,152,514.52	1.00
OAKTREE OPPORTUNITIES FUND VIII CUSIP: 9913L6991	1.000	1.00	19,144.00
PLATINUM EQUITY CAPITAL PARTNERS (SECONDARY) CUSIP: 9914ND992	1.000	1.00	8,521.00

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<b>Partnership/Joint Venture Interests</b>			
<b>United States - USD</b>			
PLATINUM EQUITY CAPITAL PARTNERS II (SECONDARY) CUSIP: 9914NF997	17,419.440	17,419.44	9,463.00
PRESIDIO PARTNERS 2007, LP CUSIP: 991343997	1.000	1.00	46,690.00
PRIVATE EQUITY PARTNERS IX - DIRECT INVESTMENT FUND, LP CUSIP: 000515304	3,816,138.640	3,816,138.64	1,805,151.00
PRIVATE EQUITY PARTNERS IX MGR LP CUSIP: 000515882	36,689,267.490	36,689,267.49	6,658,453.00
PRIVATE EQUITY PARTNERS X DIRECT LP CUSIP: 000601948	10,295,806.350	10,295,806.35	4,453,984.00
PRIVATE EQUITY PARTNERS X MGR LP CUSIP: 000594036	34,039,346.610	34,039,346.61	24,024,504.00
PRIVATE EQUITY PARTNERS 2005 - MANAGER FUND, LP CUSIP: 000425181	60,333,551.220	60,333,551.22	6,851,068.00
SAIF PARTNERS III, LP CUSIP: 000467530	1,319,265.710	1,319,265.71	11,061,885.00
SAIF PARTNERS IV CUSIP: 9915JS991	7,181,634.390	7,181,634.39	14,460,638.00
SANDERLING VENTURE PTRS VI (SECONDARY) CUSIP: 9914YT995	1.000	1.00	9,974.00
SANDERLING VENTURE PTRS VI CO- INV (SECONDARY) CUSIP: 9914YV990	10,045.000	10,045.00	26,096.00
SANDLER CAPITAL PARTNERS V (SECONDARY) CUSIP: 9913JH990	1.000	1.00	37,775.00
STERLING CAPITAL PARTNERS III, LP CUSIP: 000504001	16,449,609.300	16,449,609.30	766.00
TA SUBORDINATED DEBT FUND III, LP CUSIP: 9915S0992	1.000	1.00	19,506.00
TA XI, L.P. CUSIP: 9915BG995	930,182.760	930,182.76	1,283,197.00
TPG PARTNERS IV CUSIP: 9913T0996	104,891.680	104,891.68	8,605.00
<b>Total United States - USD</b>		<b>1,020,348,931.62</b>	<b>754,021,733.00</b>
<b>Total Partnership/Joint Venture Interests</b>		<b>1,088,401,151.51</b>	<b>782,497,899.41</b>

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>103-12 Investment Entities</b>			
<b>Global Region - USD</b>			
ADAMS STREET PARTNERS 2011 NON-US FUND DEVELOPED MARKETS CUSIP: 9917L3999	4,077,509.000	4,077,509.00	6,837,003.00
<b>Total Global Region - USD</b>		<b>4,077,509.00</b>	<b>6,837,003.00</b>
<b>United States - USD</b>			
ADAMS STREET GLOBAL OPPORTUNITIES LP SECONDARY FUND II, CUSIP: 000627190	12,264,543.000	12,264,543.00	7,228,790.00
ADAMS STREET PARTNERSHIP FUND - 2008 NON-US FUND, LP CUSIP: 000570523	2,366,624.000	2,366,624.00	410,904.00
ADAMS STREET PARTNERSHIP FUND - 2008 U.S. FUND, LP CUSIP: 000570549	4,839,004.000	4,839,004.00	1,741,717.00
ADAMS STREET PARTNERSHIP FUND - 2009 US FUND, LP CUSIP: 000615617	16,572,736.000	16,572,736.00	20,420,315.00
ADAMS STREET PSHP FD - 2009 NON-US FUND DEVELOPED MARKETS CUSIP: 9951JX995	6,330,605.000	6,330,605.00	8,152,608.00
ADAMS STREET 2011 EMERGING MARKETS FUND LP CUSIP: 9917SE998	3,219,881.000	3,219,881.00	6,096,437.00
ADAMS STREET 2011 US FUND LP CUSIP: 9916U6994	6,003,799.000	6,003,799.00	11,306,710.00
<b>Total United States - USD</b>		<b>51,597,192.00</b>	<b>55,357,481.00</b>
<b>Total 103-12 Investment Entities</b>		<b>55,674,701.00</b>	<b>62,194,484.00</b>
<b>Other Liabilities</b>			
Other Payables: United States dollar	0.000	-38.39	-38.39
<b>Total - all currencies</b>		<b>-38.39</b>	<b>-38.39</b>
<b>Total Other Liabilities</b>		<b>-38.39</b>	<b>-38.39</b>
<b>Total</b>		<b>1,144,075,852.47</b>	<b>844,692,383.37</b>

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◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C991326992	ASIA ALTERNATIVES CAPITAL PTRS (SECONDARY)	Acquisitions	146.00	-146.00	
		Dispositions	-228.00		228.00
C17999LX13	ASIAINFO TECHNOLOG	Acquisitions	1,931,854.00	-1,286,421.58	
		Dispositions	-1,931,854.00		1,415,992.55
C9916XB990	BLACKSTONE CAP PTRS VI	Acquisitions	51,742.33	-51,742.33	
		Dispositions	-8,199,543.86		3,740,965.72
C991379991	GCM GROSVENOR DIVERSIFIED PRIVATE EQUITY(2010-1 SERIES)	Acquisitions	588,875.67	-588,875.67	
		Dispositions	-3,858,303.75		3,858,303.75
C9915VS997	GCM GROSVENOR DIVERSIFIED PRIVATE EQUITY(2010-2 SERIES)	Acquisitions	183,876.91	-183,876.91	
		Dispositions	-83,393.40		83,393.40
C000590398	GCM GROSVENOR DIVERSIFIED PRIVATE EQUITY2008 LP	Acquisitions	1,250,219.13	-1,250,219.13	
		Dispositions	-4,718,061.39		4,718,061.39
C45827U109	INTAPP INC COM	Acquisitions	64,978.00	-2,484,758.72	
		Dispositions	-64,978.00		2,068,516.88
C000400465	JP MORGAN US POOLED CORPORATE FINANCE INSTL INVESTORS III LLC	Acquisitions	0.00	0.00	
		Dispositions	-2,895,518.00		2,895,518.00
C9913GR991	MD SASS MACQUARIE FINANCIAL STRATEGIES (SECONDARY)	Acquisitions	1,751.00	-1,751.00	
		Dispositions	-21,124.00		21,124.00
C9917B5995	METALMARK CAPITAL PARTNERS TE II LP	Acquisitions	64,404.00	-64,404.00	
		Dispositions	-20,961.00		20,961.00
C991HT4997	Oak Hill Capital Partners, II (Cayman)	Acquisitions	495.74	-495.74	
		Dispositions	-496.74		80.29
C9914GZ991	OAK HILL CAPITAL PARTNERS II	Acquisitions	-359.25	359.25	
		Dispositions	80.29		-80.29
C9918WM993	ORCHID ASIA V, LP	Free Delivery	-113,055.18		

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Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	194,126.00	-194,126.00	
		Dispositions	-112,320.00		112,320.00
C000515882	PRIVATE EQUITY PARTNERS IX MGR LP				
		Acquisitions	29,463.00	-29,463.00	
		Dispositions	-1,001,280.78		1,001,280.78
C000594036	PRIVATE EQUITY PARTNERS X MGR LP				
		Acquisitions	225,213.73	-225,213.73	
		Dispositions	-4,599,013.36		4,599,013.36
C786700104	SAGIMET BIOSCIENCES INC SER A COM SER A COM				
		Acquisitions	5,217.00	-51,126.00	
		Dispositions	-5,217.00		34,609.82
C9915JS991	SAIF PARTNERS IV				
		Acquisitions	30,000.00	-30,000.00	
		Dispositions	-844,218.61		844,218.61