

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) E
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan PRIVATE EQUITY PARTNERS NEW PARTNERS MGR LP
1b Three-digit plan number (PN) 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ACCESS GENERAL PARTNER LLC
C/O GOLDMAN SACHS & CO. LLC
UNIT 7348 TAX DEPT.
30 HUDSON STREET
JERSEY CITY, NJ 07302
2b Employer Identification Number (EIN) 20-3686192
2c Plan Sponsor's telephone number 646-446-3311
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature. 2. Signature of plan administrator, Date, Enter name of individual signing as plan administrator. 3. Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. 4. Filed with authorized/valid electronic signature, 10/13/2025, ANDREW JOHNSON. 5. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

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 PRIVATE EQUITY PARTNERS NEW PARTNERS MGR LP	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ACCESS GENERAL PARTNER LLC	D Employer Identification Number (EIN) 20-3686192	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

DELOITTE TAX LLP

86-1065772

(b) 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?
10 50	NONE	110673	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) 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?
10 16 50	NONE	34022	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK & TRUST CORP

04-1867445

(b) 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?
19 50	NONE	14805	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INTERNATIONAL FUND SERVICES NA

CORPORATION TRUST CENTER 1209
ORANGE ST
WILMINGTON, DE 19801

(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?
10 50	NONE	7392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>PRIVATE EQUITY PARTNERS NEW PARTNERS MGR LP</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>ACCESS GENERAL PARTNER LLC</u>	D Employer Identification Number (EIN) <u>20-3686192</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)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, 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	NISOURCE INC. MASTER RETIREMENT TRUST	
b Name of plan sponsor	NISOURCE INC.	c EIN-PN 36-6968911-001
a Plan name	DUKE ENERGY CORPORATION MASTER TRUST	
b Name of plan sponsor	DUKE ENERGY CORPORATION	c EIN-PN 56-1138332-005
a Plan name	MELLON BANK, N.A., AS TRUSTEE FOR THE PENNSYLVANIA STATE UNIVERSITY MASTER TRUST	
b Name of plan sponsor	PENNSYLVANIA STATE UNIVERSITY	c EIN-PN 24-6000376-001
a Plan name	THE BOEING COMPANY EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	THE BOEING CO. AND CONSOLIDATED SUBSIDIARIES	c EIN-PN 91-0425694-001
a Plan name	EASTMAN RETIREMENT ASSISTANCE PLAN	
b Name of plan sponsor	EASTMAN CHEMICAL COMPANY	c EIN-PN 62-1539359-001
a Plan name	WEST VIRGINIA UNIVERSITY FOUNDATION DC RETIREMENT PLAN	
b Name of plan sponsor	WEST VIRGINIA UNIVERSITY FOUNDATION, INC	c EIN-PN 55-6017181-001
a Plan name	INVESTMENT MASTER TRUST OF EXELIS INC.	
b Name of plan sponsor	ITT CORPORATION	c EIN-PN 36-6668234-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <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.	<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 PRIVATE EQUITY PARTNERS NEW PARTNERS MGR LP	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ACCESS GENERAL PARTNER LLC	D Employer Identification Number (EIN) 20-3686192

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2588248	2747917
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	1976601	971454
(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)	33921	51658

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	4598770	3771029
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	196962	170350
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	196962	170350
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4401808	3600679

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)	127544	
(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)		127544
(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)	-187724	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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		-574058
d Total income. Add all income amounts in column (b) and enter total	2d		-634238

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)	32457	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	36362	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	15823	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	82249	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		166891
j Total expenses. Add all expense amounts in column (b) and enter total	2j		166891

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-801129
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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 _____.



Private Equity Partners New Partners
Mgr LP

December 31, 2024
Financial Statements

Private Equity Partners New Partners Mgr LP

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December 31, 2024

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Report of Independent Auditors

To the General Partner of Private Equity Partners New Partners Mgr LP

Opinion

We have audited the accompanying financial statements of Private Equity Partners New Partners Mgr LP (the "Partnership"), which comprise the statement of assets, liabilities and partners' capital, including the statement of portfolio investments, as of December 31, 2024, and the related statements of operations, of changes in partners' capital and of cash flows, including the related notes for the year then ended (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Partnership as of December 31, 2024, and the results of its operations, changes in its partners' capital and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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



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

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

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

PricewaterhouseCoopers LLP

Boston, Massachusetts
June 13, 2025

Private Equity Partners New Partners Mgr LP

Statement of Assets, Liabilities and Partners' Capital

December 31, 2024

Assets

Partnership Investments, at fair value (cost \$4,528,043)	\$ 971,454
Cash and cash equivalents	2,747,917
Other assets	51,658
Total assets	<u>\$ 3,771,029</u>

Liabilities and Partners' Capital

Accrued expenses and other liabilities	\$ 170,350
Total liabilities	<u>170,350</u>

Partners' capital:

General Partner	—
Goldman Special Limited Partner	184,526
Limited Partners	3,416,153
Total partners' capital	<u>3,600,679</u>

Total liabilities and partners' capital	<u>\$ 3,771,029</u>
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The accompanying notes are an integral part of these financial statements.

Private Equity Partners New Partners Mgr LP

Statement of Operations

for the year ended December 31, 2024

Investment income:	
Dividend income	\$ 127,544
Expenses:	
Professional fees	123,713
Administration fee	32,457
Other expenses	10,721
Total expenses	<u>166,891</u>
Net investment income (loss)	<u>(39,347)</u>
Net earnings (loss) from:	
Partnership Investments	(574,058)
Net change in unrealized appreciation/(depreciation) on:	
Partnership Investments	(188,897)
Foreign currency translation	1,173
Net gain (loss) on investment transactions	<u>(761,782)</u>
Net increase (decrease) in partners' capital resulting from operations	<u><u>\$ (801,129)</u></u>

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

Private Equity Partners New Partners Mgr LP

Statement of Changes in Partners' Capital

for the year ended December 31, 2024

	<i>General Partner</i>	<i>Goldman Special Limited Partner</i>	<i>Limited Partners</i>	<i>Total</i>
Partners' capital, beginning of year	\$ 2	\$ 244,185	\$ 4,157,621	\$ 4,401,808
Net investment income (loss)	—	(1,150)	(38,197)	(39,347)
Net earnings (loss)	(2)	(16,772)	(557,284)	(574,058)
Net change in unrealized appreciation/(depreciation)	—	(5,484)	(182,240)	(187,724)
Net increase (decrease) in partners' capital resulting from operations	(2)	(23,406)	(777,721)	(801,129)
Change in provision for Carried Interest allocation to Goldman Special Limited Partner	—	(36,253)	36,253	—
Partners' capital, end of year	<u>\$ —</u>	<u>\$ 184,526</u>	<u>\$ 3,416,153</u>	<u>\$ 3,600,679</u>

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

Private Equity Partners New Partners Mgr LP

Statement of Cash Flows

for the year ended December 31, 2024

Cash flows from operating activities:	
Net increase (decrease) in partners' capital resulting from operations	\$ (801,129)
Adjustments to reconcile net increase (decrease) in partners' capital resulting from operations to net cash provided by (used for) operating activities:	
Contributions to Partnership Investments	(7,664)
Distributions from Partnership Investments	244,541
Net (earnings) loss from Partnership Investments	574,058
Net change in unrealized (appreciation)/depreciation on:	
Partnership Investments	188,897
Foreign currency translation	(1,173)
(Increase) decrease in operating assets:	
Other assets	(17,737)
Increase (decrease) in operating liabilities:	
Accrued expenses and other liabilities	(20,124)
Net cash provided by (used for) operating activities	<u>159,669</u>
Net increase (decrease) in cash and cash equivalents	159,669
Cash and cash equivalents, beginning of year	2,588,248
Cash and cash equivalents, end of year	<u>\$ 2,747,917</u>

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

Private Equity Partners New Partners Mgr LP

Statement of Portfolio Investments

December 31, 2024

Partnership Investments (27.0%)	<u>Cost</u>	<u>Fair Value</u>
(Percentages are based on partners' capital)		
United States (25.2%)		
Accretive II Partnerships (2.5%)	\$ 739,798	\$ 90,257
Atlas Capital Resources, L.P. (7.9%) ⁽¹⁾	826,120	283,626
Bertram Growth Capital II, L.P. (0.4%)	83,196	14,661
Stone Arch Capital II, L.P. (5.0%)	337,401	180,375
Thompson Street Capital Partners II, L.P. (8.4%)	170,758	301,502
Water Street Healthcare Partners, L.P. (1.0%)	387,784	36,759
Total United States	<u>2,545,057</u>	<u>907,180</u>
United Kingdom (1.5%)		
Darwin Private Equity I, L.P. (1.5%)	433,596	53,114
Perusa Partners Fund I, L.P. (0.0%)	1,535,573	—
Total United Kingdom	<u>1,969,169</u>	<u>53,114</u>
Netherlands (0.3%)		
H2 Equity Partners Fund III, C.V. (0.3%)	13,817	11,160
Total Partnership Investments	<u>\$ 4,528,043</u>	<u>\$ 971,454</u>

⁽¹⁾ Includes the following AIVs: Atlas Capital Resources (A1) LP; Atlas Capital Resources (A2-International) LP; Atlas Capital Resources (A6-Delaware) LP; Atlas Capital Resources (A6-International) LP; Atlas Capital Resources (A7) LP; Atlas Capital Resources (A8) LP; Atlas Capital Resources (A9) LP; Atlas Capital Resources (A9-Parallel) LP.

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

Private Equity Partners New Partners Mgr LP

Notes to Financial Statements

December 31, 2024

(1) Organization and Business Purpose

Private Equity Partners New Partners Mgr LP (the “Partnership”), a Delaware limited partnership, was formed for the principal purpose of investing in pooled investment vehicles via capital commitments to the issuers of such investments (“Partnership Investments”) that are (i) targeting institutional investors for the first or second time, (ii) managed by general partners that have recently “spun out” of established private investment funds, or (iii) established funds that have undergone a significant shift in team or strategy. The Partnership may receive distributions-in-kind of the underlying investments held by the Partnership Investments (“Security Investments” and together with Partnership Investments, “Portfolio Investments”). The Partnership may also make investments directly or indirectly related to the Partnership Investments, including underlying portfolio companies owned by Partnership Investments, swaps, options, and forward currency contracts. The Partnership is permitted to invest both domestically and internationally across all sectors of the private equity market.

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

The Partnership commenced operations on October 14, 2005 and will continue in existence until one year after the date by which all of the Partnership’s Portfolio Investments have been liquidated and the Partnership’s obligations (including, without limitation, contingent obligations) have terminated. The Partnership may also be dissolved earlier as requested by the General Partner or its term may be further extended by the General Partner with the approval of a majority in interest of the limited partners in accordance with the Amended and Restated Agreement of Limited Partnership (the “Partnership Agreement”).

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

(2) Significant Accounting Policies

(a) Basis of Presentation

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

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

(b) Fair Value Measurements

The Partnership measures its investments at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e. the exit price) in an orderly transaction between market participants at the measurement date. The Investment Manager is responsible for the

Private Equity Partners New Partners Mgr LP

Notes to Financial Statements

December 31, 2024

implementation and maintenance of internal controls and procedures related to the valuation of the Partnership's investments. In the absence of quoted market prices, fair value is determined by the Investment Manager. Due to the inherent uncertainties of valuation, these estimated fair values may differ significantly from the values that would have been realized had a readily available market for these investments existed, and these differences could be material.

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

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

(c) Income Taxes

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

GAAP requires that the Partnership recognize tax liabilities and related interest and penalties where beneficial tax positions taken do not meet the requisite threshold for recognition. These are recorded, where applicable, as realized and unrealized losses in the Partnership's Statement of Assets, Liabilities and Partners' Capital, Statement of Operations, Statement of Changes in Partners' Capital and Statement of Cash Flows. The General Partner has reviewed the Partnership's tax positions for all open tax years, based on statutes of limitation for tax assessments which vary by jurisdiction, if applicable, and has concluded that no provision for income tax is required in the Partnership's financial statements. The Partnership may be subject to potential examination by certain taxing authorities in various jurisdictions. Any potential tax liability is also subject to ongoing interpretation of laws by taxing authorities. The tax years under potential examination vary by jurisdiction.

Private Equity Partners New Partners Mgr LP

Notes to Financial Statements

December 31, 2024

(d) Investment Transactions, Income and Expenses

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

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

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

Expenses are recorded on the accrual basis.

(e) Translation of Foreign Assets and Liabilities

Assets and liabilities denominated in foreign currencies are translated into United States dollars at the year-end rates of exchange. Transactions in foreign currencies during the year are translated into United States dollars at the prevailing exchange rate on the respective dates of the transactions.

Any realized and unrealized foreign currency exchange gains and losses from non-U.S. dollar denominated investments arising from changes in foreign currency exchange rates are included in net earnings (loss) from Partnership Investments and net change in unrealized appreciation/(depreciation) on Partnership Investments, in the Statement of Operations.

Any realized and unrealized foreign currency exchange gains and losses from non-U.S. dollar denominated assets/liabilities arising from changes in foreign currency exchange rates are included in net realized gain (loss) from foreign currency transactions and net change in unrealized appreciation/(depreciation) on foreign currency translation in the Statement of Operations.

(3) Cash and Cash Equivalents

Cash and cash equivalents may consist of deposits held at a bank, custodian bank or an investment in a money market fund to which the Partnership is exposed to credit risk. As of December 31, 2024, the Partnership held deposits of \$276,398 at a bank and held \$2,471,519 in Fidelity Institutional Money Market Government Portfolio - Class I, an unaffiliated money market fund. Investments in money market funds are recorded at NAV per share. Dividend income received from the money market funds for the year ended December 31, 2024 amounted to \$127,544.

Private Equity Partners New Partners Mgr LP

Notes to Financial Statements

December 31, 2024

(4) Portfolio Investments, at fair value

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

- Level 1—Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2—Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable (including, but not limited to, quoted prices for similar securities), either directly or indirectly;
- Level 3—Prices or valuations that require significant unobservable inputs (including assumptions in determining fair value measurement).

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

Investments at fair value as of December 31, 2024 of \$971,454 are excluded from the fair value hierarchy leveling as the fair value of the investments were measured at NAV.

Included in cash and cash equivalents in the Statement of Assets, Liabilities and Partners' Capital are investments in a money market fund with a fair value of \$2,471,519 which were classified as Level 1 assets as of December 31, 2024.

The following table summarizes the unfunded commitment(s) to the Partnership Investment(s) as of December 31, 2024.

	Unfunded Commitments (in millions)
Partnership Investments ^{(1), (2)}	\$ 5.20

Private Equity Partners New Partners Mgr LP

Notes to Financial Statements

December 31, 2024

(1) The Partnership invests in private equity funds that invest in buyouts, distressed and other strategies. These investments generally cannot be redeemed. Instead, the nature of the investments in this category is that distributions are generally received through the liquidation of the underlying assets of the Partnership. As of December 31, 2024, timing of liquidation for the investments held by the Partnership is unknown.

(2) As of December 31, 2024, the Partnership Investments as a whole, predominantly have the following allocation of strategies (percentages are based on partners' capital) - Buyouts: 15.3%; Distressed: 8.2%; Other: 3.5%.

The Partnership Investments include closed investment vehicles which provide for no liquidity or redemption option and are not readily marketable.

Interests in the Partnership Investments may include certain general partner interests in underlying Partnership Investments and Alternative Investment Vehicles ("AIVs") that are used by the general partners of the Partnership Investments and Secondary Investments to hold certain investments.

The following table summarizes the Partnership's exposure in underlying portfolio companies held directly, or indirectly through the LP/LLC Interests of the Partnership Investments, which constitute greater than 5% of the Partnership's total partners' capital as of December 31, 2024 (based on best available information as of the reporting date):

Investment Type	Investment Name	Investment Strategy	Underlying Portfolio Company				% of Total Partners' Capital ⁽¹⁾
			% of Total Partners' Capital	Investment Type	Investment Name	Industry Focus	
Partnership Investment - LP/LLC Interest	Thompson Street Capital Partners II, L.P.	Buyouts - Middle Market	8.4%	Equity Security	TierPoint, LLC	Durable Goods	15.3%
Partnership Investment - LP/LLC Interest	Atlas Capital Resources, L.P.	Distressed	7.9%	Equity Security & L P/LLC Interes	Greenidge Generation LLC	Power Generation & Bitcoin Mining	n/a
Partnership Investment - LP/LLC Interest	Stone Arch Capital II, L.P	Buyouts - Middle Market	5%	Equity Security	SAC-AMS Investments, LLC	Consumer Products	5.0%

n/a - investment strategy is not applicable or underlying portfolio companies of the Partnership do not constitute greater than 5% of the Partnership's total partners' capital.

⁽¹⁾ Differences in the calculation of investments in the Partnership that constitute more than 5% of the Partnership's total partners'

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Notes to Financial Statements

December 31, 2024

capital and the Partnership's share of underlying portfolio companies that are greater than 5% of the Partnership's total partners' capital may arise due to the effect of carried interest and/or leverage at the Partnership Investment level.

(5) Capital Contributions and Distributions

The General Partner and limited partners have committed to make capital contributions in an aggregate amount of \$126,180,000.

Cumulative capital contributions as of December 31, 2024 were \$137,680,877. Cumulative distributions as of December 31, 2024 were \$206,063,514, of which \$13,157,001 represented recallable distributions and \$205,549 represented Short-term Distributions. As of December 31, 2024, 98.69% of committed capital has been funded, including the impact of recallable distributions by the Partnership. Cumulative capital contributions exceeded commitments due to capital being called out of recallable distributions.

(6) Management Fee

In accordance with the Partnership Agreement, the Investment Manager receives from the Partnership a management fee (the "Management Fee") as compensation for its management and administrative services. The Management Fee is allocable to all limited partners, exclusive of the Goldman Special Limited Partner, an affiliate of the Investment Manager. The Management Fee is payable quarterly in arrears. Prior to the last day of the fifth anniversary of the funding date of the first capital call of the Partnership (the "Anniversary Date"), the Management Fee will be equal to (i) 1.25% per annum of such limited partner's capital commitment if such limited partner's capital commitment is less than \$5 million, (ii) 1.00% per annum of such limited partner's capital commitment if such limited partner's capital commitment is equal to or greater than \$5 million, but less than \$100 million, and (iii) 0.80% per annum of such limited partner's capital commitment if such limited partner's capital commitment is equal to or greater than \$100 million. In the years following the Anniversary Date, the Management Fee will be charged at rates equal to 75% of the applicable rates for the preceding year.

Effective October 14, 2020, the Investment Manager no longer charges a Management Fee to the Partnership.

(7) Allocation of Partnership Profits and Losses

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

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

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

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

For the purposes of determining the Catch-up Amount, any proceeds from sales of Security Investments will be treated in a manner consistent with the Portfolio Investment which has made that distribution. In the event that any of the net cash flow from Partnership Investments is negative, as determined in the sole discretion of the Investment Manager, then such negative net cash flow from any such category shall offset any positive net cash flow from Partnership Investments on a pro rata basis (based on the positive net cash flow from Partnership Investments).

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

As of December 31, 2024, a cumulative provision for Carried Interest allocation to the Goldman Special Limited Partner of \$4,082,824 has been made. Total distributions made amount to \$4,018,253, of which \$421,594 represented tax distributions.

(8) Related Party Transactions

Certain affiliates of the Investment Manager may invest alongside the Partnership.

The Goldman Special Limited Partner is a limited partner of the Partnership and is an affiliate of the Investment Manager. The capital commitment to the Partnership by the Goldman Special Limited Partner is \$3,686,400, of which \$3,848,324 has been contributed as of December 31, 2024. Cumulative distributions as of December 31, 2024 were \$10,129,184, of which \$384,389 represented recallable distributions and \$6,007 represented Short-term Distributions.

The capital commitment to the Partnership by the General Partner is \$1,000, of which \$1,042 has been contributed as of December 31, 2024. Cumulative distributions as of December 31, 2024 were \$1,658, of which \$104 represented recallable distributions and \$2 represented Short-term Distributions.

Accrued expenses and other liabilities includes \$99 of amounts paid by the Investment Manager and its affiliates on behalf of the Partnership. Such amounts are due and payable in the ordinary course of business.

(9) Indemnifications

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

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December 31, 2024

(10) Financial Instruments and Associated Risks

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

(a) Market Risk

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

(i) Price Risk

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

(ii) Currency Risk

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

(b) Liquidity Risk

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

(c) Credit Risk

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

Investment portfolios with debt securities are subject to credit risk. Credit risk refers to the likelihood that an issuer will default in the payment of principal and/or interest on an instrument.

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

(d) Interest Rate Risk

The Partnership may also have a credit facility with a financial institution. The Partnership may face a heightened level of interest rate risk in connection with the type and extent of certain monetary policy changes made by the Federal Reserve, such as target interest rate changes. A wide variety of market factors can cause interest rates to rise, including central bank monetary policy, rising inflation and

Private Equity Partners New Partners Mgr LP

Notes to Financial Statements

December 31, 2024

changes in general economic conditions. The risks associated with changing interest rates may have unpredictable effects on the markets and the Partnership's investment and its facility with financial institutions. A sudden or unpredictable increase in interest rates may cause increased volatility in the market and may decrease the liquidity of the Partnership's investment, which would make it harder for the Partnership to sell the investments at an advantageous time. Additionally, changes in market rates may result in declining yields upon reinvestment of excess cash balances.

(e) Concentration Risk

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

(11) Financial Highlights

The limited partners' Internal Rate of Return ("IRR") since inception of the Partnership, net of Carried Interest, if any, to the Goldman Special Limited Partner, is 8.10% through December 31, 2023 and 8.04% through December 31, 2024. The IRR is computed based on the dates of contributions and distributions, and the limited partners' ending capital (residual value) as of the measurement date.

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

	<u>Average Limited Partners' Capital</u>
Net investment income (loss) ratio: ⁽¹⁾⁽²⁾	(0.99)%
Expense ratios: ⁽²⁾⁽³⁾	
Operating expense	4.20%
Operating expense (including the effect of the change in provision for Carried Interest allocation)	3.26%

⁽¹⁾ The net investment income (loss) to average limited partners' capital ratio is calculated using the limited partners' share of dividend income and operating expenses of the Partnership, as applicable.

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

⁽³⁾ The expense ratios are calculated using the limited partners' share of operating expenses of the Partnership, as reported in the Statement of Operations.

These financial highlights are for the limited partners taken as a whole, exclusive of the Goldman Special Limited Partner, for the year ended December 31, 2024.

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Notes to Financial Statements

December 31, 2024

An individual limited partner's results may vary based on the timing of capital contributions and distributions.

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

(12) Subsequent Events

For purposes of these financial statements, subsequent events were evaluated through the date of the report of the independent auditors, which is the date the financial statements were available to be issued and no material events have occurred that would require recognition or disclosure.

Plan Name	Private Equity Partners New Partners MGR LP
Plan Sponsor EIN	20-3686192
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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

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

Plan Name	Private Equity Partners New Partners MGR LP
Plan Sponsor EIN	20-3686192
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PRIVATE EQUITY PARTNERS NEW PARTNERS MGR LP, 1b Three-digit plan number (PN) 001, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) ACCESS GENERAL PARTNER LLC, 2b Employer Identification Number (EIN) 20-3686192, 2c Plan Sponsor's telephone number (646) 446-3311, 2d Business code (see instructions), C/O GOLDMAN SACHS & CO. LLC, UNIT 7348 TAX DEPT., 30 HUDSON STREET, JERSEY CITY NJ 07302

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes signature of Andrew Johnson dated 10/15/2025.

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

Form 5500 (2024) v. 240311

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 _____
