

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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, 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: ASP GSF 5 (SUNSHINE HOLDINGS) 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): ADAMS STREET PARTNERS, LLC; 2b Employer Identification Number (EIN): 61-1803802; 2c Plan Sponsor's telephone number: 312-553-7890; 2d Business code (see instructions): 000000

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; 3. Signature of employer/plan sponsor; 4. Filed with authorized/valid electronic signature; 5. Signature of 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table> | 5 | 0 | | | | | | | | | | | | | | | | | | |
| 5 | 0 | | | | | | | | | | | | | | | | | | | | |
| 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..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table> | 6a(1) | | 6a(2) | 0 | 6b | | 6c | | 6d | 0 | 6e | | 6f | 0 | 6g(1) | | 6g(2) | | 6h | |
| 6a(1) | | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | 0 | | | | | | | | | | | | | | | | | | | | |
| 6b | | | | | | | | | | | | | | | | | | | | | |
| 6c | | | | | | | | | | | | | | | | | | | | | |
| 6d | 0 | | | | | | | | | | | | | | | | | | | | |
| 6e | | | | | | | | | | | | | | | | | | | | | |
| 6f | 0 | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | | | | | | | | | | | | | | | | | | | | | |
| 6h | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table> | 7 | | | | | | | | | | | | | | | | | | | |
| 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 |
|--|--|

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) |
|---|--|

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. |
|--|--|---|

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

| | | |
|---|---|-----|
| A Name of plan ASP GSF 5 (SUNSHINE HOLDINGS) LP | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ADAMS STREET PARTNERS, LLC | D Employer Identification Number (EIN) 61-1803802 | |

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)

KPMG LLP

13-5565207

| (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 | NONE | 33898 | 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|---|--|---|

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

| | | |
|---|--|------------|
| A Name of plan <u>ASP GSF 5 (SUNSHINE HOLDINGS) 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>ADAMS STREET PARTNERS, LLC</u> | D Employer Identification Number (EIN) <u>61-1803802</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) |
|---------------|--|

| | | |
|---|----------------------|---|
| 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 | CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN | |
| b | Name of plan sponsor | CHILDREN'S HOSPITAL MEDICAL CENTER | c EIN-PN 31-0833936-001 |
| a | Plan name | GENERAL MILLS PENSION PLAN | |
| b | Name of plan sponsor | GENERAL MILLS, INC. | c EIN-PN 41-0274440-001 |
| a | Plan name | GENERAL MILLS PENSION PLAN I | |
| b | Name of plan sponsor | GENERAL MILLS, INC. | c EIN-PN 41-0274440-006 |
| a | Plan name | THE GENERAL MILLS RETIREE HEALTH PLAN FOR UNION EMPLOYEES | |
| b | Name of plan sponsor | GENERAL MILLS, INC. | c EIN-PN 41-0274440-508 |
| a | Plan name | THE GENERAL MILLS RETIREE HEALTH PLAN FOR UNION EMPLOYEES (65+) | |
| b | Name of plan sponsor | GENERAL MILLS, INC. | c EIN-PN 41-0274440-509 |
| a | Plan name | HP INC. PENSION PLAN | |
| b | Name of plan sponsor | HP INC. | c EIN-PN 94-1081436-003 |
| a | Plan name | LIBERTY MUTUAL RETIREMENT BENEFIT PLAN | |
| b | Name of plan sponsor | LIBERTY MUTUAL GROUP, INC. | c EIN-PN 04-3583679-001 |
| a | Plan name | SYSCO CORPORATION RETIREMENT PLAN | |
| b | Name of plan sponsor | SYSCO CORPORATION | c EIN-PN 74-1648137-004 |
| a | Plan name | TOYOTA MOTOR SALES, USA INC PENSION PLAN | |
| b | Name of plan sponsor | TOYOTA MOTOR NORTH AMERICA, INC. | c EIN-PN 95-3141669-003 |
| a | Plan name | PENSION PLAN FOR SALARIED EMPLOYEES OF UNION PACIFIC CORPORATION & AFFILIATES | |
| b | Name of plan sponsor | UNION PACIFIC CORPORATION | c EIN-PN 13-2626465-001 |
| a | Plan name | CHICAGO & NORTH WESTERN RAILWAY COMPANY SUPPLEMENTAL PENSION PLAN | |
| b | Name of plan sponsor | UNION PACIFIC RAILROAD COMPANY | c EIN-PN 94-6001323-010 |
| 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. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
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| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan ASP GSF 5 (SUNSHINE HOLDINGS) LP | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ADAMS STREET PARTNERS, LLC | D Employer Identification Number (EIN) 61-1803802 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| Assets | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 1094606 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | 8479963 |
| (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) | 7289020 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | |
| (15) Other | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 25337134 | 16863589 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 29735 | 27915 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 29735 | 27915 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 25307399 | 16835674 |

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) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | |
| (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) | 276495 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 496335 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 141209 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | -1639910 | |
| (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 | | 33919 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | -974370 |

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) | | |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 33898 | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 2709 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 145 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 10603 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 47355 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 47355 |

Net Income and Reconciliation

| | | | |
|---|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -1021725 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | 7450000 |

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: **KPMG LLP**

(2) EIN: **13-5565207**

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 _____.

CONFIDENTIAL

COMBINED ADAMS STREET GLOBAL SECONDARY FUND 5 LP

Combined Financial Statements

December 31, 2024

(With Independent Auditors' Report Thereon)



KPMG LLP
Aon Center
Suite 5500
200 E. Randolph Street
Chicago, IL 60601-6436

Independent Auditors' Report

The Partners

Combined Adams Street Global Secondary Fund 5 LP:

Opinion

We have audited the combined financial statements of Combined Adams Street Global Secondary Fund 5 LP (the Fund), which comprise the combined statement of financial condition, including the combined schedule of investments, as of December 31, 2024, and the related combined statements of operations and cash flows for the year then ended, the combined statements of changes in partners' equity for each of the years in the two-year period then ended, and the related notes to the combined financial statements.

In our opinion, the accompanying combined financial statements present fairly, in all material respects, the financial position of the Fund as of December 31, 2024, and the results of its operations and its cash flows for the year then ended, and the changes in its partners' equity for each of the years in the two-year period then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Combined Financial Statements section of our report. We are required to be independent of the Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. 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 Combined Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Combined Financial Statements

Our objectives are to obtain reasonable assurance about whether the combined 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 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 combined financial statements.



In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined 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 combined 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 Fund'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 combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund'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.

KPMG LLP

Chicago, Illinois
April 25, 2025

Combined Adams Street Global Secondary Fund 5 LP
Combined Statement of Financial Condition
December 31, 2024

Assets

| | |
|---|------------------|
| Investments, at cost | \$401,197,281.36 |
| Unrealized appreciation/depreciation on investments | (178,741,220.21) |
| | 222,456,061.15 |
| Investments, at fair value | 222,456,061.15 |
| Cash and cash equivalents | 22,150,623.37 |
| Other receivables | 3,204,381.41 |
| | \$247,811,065.93 |
| Total assets | \$247,811,065.93 |

Liabilities and Partners' Equity

| | |
|--|------------------|
| Liabilities: | |
| Accrued audit and tax compliance fees | \$223,396.35 |
| Accrued stock liquidation fees | 197.39 |
| | 223,593.74 |
| Total liabilities | 223,593.74 |
| Partners' equity, composed of: | |
| Cumulative equity contributed | 803,213,655.00 |
| Cumulative distributions | (876,337,834.00) |
| Cumulative earnings/deficit | 320,711,651.19 |
| | 247,587,472.19 |
| Total partners' equity | 247,587,472.19 |
| Commitments (see notes) | |
| Total liabilities and partners' equity | \$247,811,065.93 |

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

Combined Adams Street Global Secondary Fund 5 LP
Combined Schedule of Investments
December 31, 2024

| Investments | Investment Purpose | Geography | Position (if applicable) | Quantity (if applicable) | Amounts in USD | |
|---|--------------------|----------------|--------------------------|--------------------------|----------------------|----------------------|
| | | | | | Cost | Fair Value |
| Primary partnerships (23%) | | | | | | |
| ABS Capital Partners VIII | Buyouts | United States | | | 11,221,201.00 | 15,228,892.00 |
| Charterhouse Capital Partners X * | Buyouts | Western Europe | | | 602,488.92 | 706,361.15 |
| CIVC Partners Fund V | Buyouts | United States | | | 2,606,310.87 | 4,881,371.00 |
| DBAG Expansion International First New Vintage * | Buyouts | Western Europe | | | 663,131.16 | 1,175,492.35 |
| Madison Dearborn Capital Partners VII LP | Buyouts | United States | | | 3,468,561.00 | 5,183,145.00 |
| PAI Europe VI - 1 * | Buyouts | Western Europe | | | 1,427,354.22 | 2,638,731.51 |
| Palamon European Equity III * | Buyouts | Western Europe | | | 3,458,492.86 | 2,946,690.25 |
| Phoenix Equity Partners 2016 Fund * | Buyouts | Western Europe | | | 2,200,177.50 | 2,599,723.15 |
| PSC III G, LP * | Buyouts | Western Europe | | | 5,084,021.17 | 18,524,582.79 |
| Thomas H. Lee Equity Fund VII | Buyouts | United States | | | 313,917.01 | 502,380.00 |
| TPG Partners VII | Buyouts | United States | | | 2,816,360.38 | 1,751,831.00 |
| TRP Capital Partners | Buyouts | United States | | | 1,144,742.76 | 25,665.00 |
| Primary partnerships subtotal | | | | | 35,006,758.85 | 56,164,865.20 |
| Secondary partnerships (67%) | | | | | | |
| ABRY Advanced Securities Fund III (1) | Other | United States | | | 5,837,213.38 | 20,343.00 |
| ABRY Partners VI | Buyouts | United States | | | 5,256,818.01 | 17,274.00 |
| ABRY Partners VIII (1) | Buyouts | United States | | | 15,064,305.29 | 7,277,257.00 |
| ABRY Senior Equity IV (1) | Debt/Credit | United States | | | 4,149,058.12 | 1,182,363.00 |
| ABS Capital Partners VII | Buyouts | United States | | | 8,467,621.72 | 1,262,430.00 |
| Accel Europe | Venture Capital | Western Europe | | | 357,839.73 | 72,487.00 |
| Accel London II | Venture Capital | Western Europe | | | 1,068,952.32 | 3,054,671.00 |
| ACP Investment Fund | Buyouts | United States | | | 20,242,669.95 | 2,057,916.00 |
| ACP Investment Fund II | Buyouts | United States | | | 2,856,282.75 | 1,604,182.00 |
| Affinity Asia Pacific Fund III | Buyouts | Asia | | | 29,149,295.85 | 1,572,260.00 |
| Bain Capital Fund X | Buyouts | United States | | | 7,189,147.30 | 3,159,463.00 |
| Blackstone Capital Partners IV | Buyouts | United States | | | 148,408.36 | 2,496.00 |
| Blackstone Capital Partners V | Buyouts | United States | | | 545,028.93 | 9.00 |
| Charterhouse Capital Partners IX * | Buyouts | Western Europe | | | 21,315,650.32 | 252,578.12 |
| CIVC Partners Fund IV | Buyouts | United States | | | 6,238,372.85 | 387,004.00 |
| Clearview Capital II | Buyouts | United States | | | 0.00 | 18,279.00 |
| CVC European Equity Partners V * | Buyouts | Western Europe | | | 1,446,916.14 | 160,543.92 |
| DBAG Expansion Capital Fund International GmbH & Co. KG * | Buyouts | Western Europe | | | 5,410,752.31 | 2,082,829.55 |
| Denham Commodity Partners Fund V | Natural Resources | United States | | | 15,551,070.73 | 4,011,892.00 |
| Denham IV Continuation Fund | Natural Resources | United States | | | 2,074,187.97 | 799,626.00 |
| Eurazeo Capital III * | Buyouts | Western Europe | | | 6,580,401.58 | 4,088,034.92 |
| First Reserve Fund XII | Natural Resources | United States | | | 49,329,405.19 | 19,656.00 |
| First Reserve Legacy Opportunities Fund LP | Natural Resources | United States | | | 0.00 | 2,247,401.00 |
| Fortress Investment Fund IV | Buyouts | United States | | | 6,514,068.01 | 1,940,725.00 |
| Fortress Investment Fund IV (Coinvestment Fund) | Buyouts | United States | | | 115,732.69 | 111,868.00 |

Combined Adams Street Global Secondary Fund 5 LP
Combined Schedule of Investments
December 31, 2024

| | | | | | | <u>Amounts in USD</u> | |
|---|---------------------------|------------------|---------------------------------|---------------------------------|-----------------------|-----------------------|--|
| Investments | Investment Purpose | Geography | Position (if applicable) | Quantity (if applicable) | Cost | Fair Value | |
| Fortress Investment Fund V | Buyouts | United States | | | 2,551,333.27 | 1,964,147.00 | |
| Fortress Investment Fund V (Co-Investment Fund) | Buyouts | United States | | | 759,010.06 | 605,566.00 | |
| FTV IV | Buyouts | United States | | | 0.00 | 1,060,229.00 | |
| FTVentures III | Buyouts | United States | | | 462,178.02 | 296,567.00 | |
| Glouston Private Equity Holdings V(b) | Buyouts | United States | | | 3,956,341.04 | 2,619,849.00 | |
| Graham Partners III | Buyouts | United States | | | 8,261,886.34 | 27,076.00 | |
| HitecVision SpringPoint LP | Natural Resources | Western Europe | | | 0.00 | 1,647.00 | |
| HitecVision V | Natural Resources | Western Europe | | | 5,266,130.24 | 17,046.00 | |
| Investindustrial IV Build up * | Buyouts | Western Europe | | | 9,480,185.37 | 6,514,553.13 | |
| L Capital Asia I | Buyouts | Asia | | | 2,079,655.06 | 499,517.00 | |
| Madison Dearborn Capital Partners VI | Buyouts | United States | | | 5,697,728.01 | 23,283.00 | |
| Pacific Equity Partners IV * | Buyouts | Australasia | | | 1,855,885.01 | 191,573.68 | |
| Pacific Equity Partners Supplementary Fund IV * | Buyouts | Australasia | | | 575,404.12 | 77,994.33 | |
| Palamon European Equity II * | Buyouts | Western Europe | | | 18,594,750.03 | 7,321,487.21 | |
| PDC Opportunities IV | Debt/Credit | Western Europe | | | 0.00 | 8,790,779.00 | |
| PDC Opportunities IV B | Debt/Credit | Western Europe | | | 0.00 | 6,126,351.00 | |
| PDC Opportunities V LP | Debt/Credit | Western Europe | | | 0.00 | 1,668.00 | |
| Pollen Street Capital Investments * | Buyouts | Western Europe | | | 11,001,117.48 | 21,748,438.23 | |
| PSC Marlin * | Buyouts | Western Europe | | | 10,677,335.41 | 27,719,167.56 | |
| Serent Capital Fund I | Buyouts | United States | | | 18,180,688.17 | 22,038,721.00 | |
| Silver Lake Partners III (2) | Buyouts | United States | | | 2,434,261.76 | 1,404,689.00 | |
| Summit Partners Growth Equity Fund VIII-A | Buyouts | United States | | | 4,218,322.90 | 1,955,458.00 | |
| Summit Partners Private Equity Fund VII-B | Buyouts | United States | | | 424,885.38 | 69,444.00 | |
| TA Associates XI | Buyouts | United States | | | 0.00 | 876,614.00 | |
| TDR Capital AS 2013 * | Buyouts | Western Europe | | | 8,622,615.90 | 2,340.23 | |
| TDR Capital II * | Buyouts | Western Europe | | | 9,965,162.02 | 1,972,698.95 | |
| TPG Partners IV | Buyouts | United States | | | 197,470.46 | 2,140.00 | |
| TRP (Endurance) Co-Invest Partners | Buyouts | United States | | | 1,345,407.53 | 3,796,659.00 | |
| Warburg Pincus Private Equity X | Buyouts | United States | | | 1,981,773.61 | 203,808.00 | |
| Warburg Pincus Private Equity XI | Buyouts | United States | | | 2,388,998.98 | 1,407,529.00 | |
| Warburg Pincus XI (Asia) | Buyouts | Asia | | | 18,447,951.16 | 7,065,211.00 | |
| Waterland Private Equity Fund V C.V. * | Buyouts | Western Europe | | | 426,684.06 | 1,994,318.12 | |
| Welsh, Carson, Anderson & Stowe XI | Buyouts | United States | | | 945,643.72 | 5,276.00 | |
| Welsh, Carson, Anderson & Stowe XII | Buyouts | United States | | | 482,517.90 | 485,762.00 | |
| Secondary partnerships subtotal | | | | | 366,190,522.51 | 166,291,195.95 | |
| Total investments (90%) | | | | | 401,197,281.36 | 222,456,061.15 | |

Combined Adams Street Global Secondary Fund 5 LP
Combined Schedule of Investments
December 31, 2024

| Investment Purpose allocation | Amounts in USD | | |
|--------------------------------------|-----------------------|-----------------------|--|
| | Cost | Fair Value | % of Investments, at Fair Value |
| Buyouts | 317,563,423.68 | 196,110,131.15 | 89% |
| Debt/Credit | 4,149,058.12 | 16,101,161.00 | 7% |
| Natural Resources | 72,220,794.13 | 7,097,268.00 | 3% |
| Other | 5,837,213.38 | 20,343.00 | 0% |
| Venture Capital | 1,426,792.05 | 3,127,158.00 | 1% |
| | 401,197,281.36 | 222,456,061.15 | 100% |

| Geographic allocation | % of Investments, at Fair Value | | |
|------------------------------|--|-----------------------|--|
| | Cost | Fair Value | % of Investments, at Fair Value |
| Asia | 49,676,902.07 | 9,136,988.00 | 4% |
| Australasia | 2,431,289.13 | 269,568.01 | 0% |
| United States | 225,438,931.42 | 92,536,285.00 | 42% |
| Western Europe | 123,650,158.74 | 120,513,220.14 | 54% |
| | 401,197,281.36 | 222,456,061.15 | 100% |

* Investment interest denominated in foreign currency; cost includes the impact of exchange rate differences from actual draws and distributions.

(1) Invests through ASP GSF 5 (Sunshine Holdings) LP

(2) Invests through ASP Rocket SL Holdings, LLC

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

Combined Adams Street Global Secondary Fund 5 LP
Combined Statement of Operations
Year Ended December 31, 2024

| | |
|---|-------------------|
| Investment income: | |
| Portfolio income | \$3,564,456.97 |
| Interest on cash and cash equivalents | 1,038,929.06 |
| Total investment income | 4,603,386.03 |
| Expenses: | |
| Management fees | 3,279,656.00 |
| Audit and tax compliance fees | 277,194.61 |
| Custody fees | 12,379.48 |
| Stock liquidation fees | 197.39 |
| Legal fees | 22,796.50 |
| Insurance expense | 53,189.75 |
| Other expenses | 9,051.24 |
| Total expenses | 3,654,464.97 |
| Net investment income/loss | 948,921.06 |
| Realized and unrealized gains and losses on investments: | |
| Realized gains/losses on investments | (11,510,552.71) |
| Change in unrealized appreciation/depreciation on investments | 25,803.39 |
| Net realized and unrealized gain/loss on investments | (11,484,749.32) |
| Net increase/decrease in equity from operations | (\$10,535,828.26) |

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

Combined Adams Street Global Secondary Fund 5 LP
Combined Statement of Cash Flows
Year Ended December 31, 2024

| | |
|---|-------------------|
| Net increase/decrease in equity from operations | (\$10,535,828.26) |
| Adjustments to reconcile net increase/decrease in equity from operations to net cash provided by/used in operating activities: | |
| Net realized gain/loss on investments | 11,510,552.71 |
| Net change in unrealized appreciation/depreciation on investments | (25,803.39) |
| Net proceeds received from investment transactions | 49,633,516.08 |
| Net investments purchased/returns of draw on investments | (3,160,619.26) |
| Change in other receivables | 1,753,618.00 |
| Change in accrued audit and tax compliance fees | 7,228.69 |
| Change in accrued stock liquidation fees | (3,674.45) |
| Total adjustments | 59,714,818.38 |
| Net cash provided by/used in operating activities | 49,178,990.12 |
| Cash flows provided by/used in financing activities: | |
| Distributions paid | (38,670,000.00) |
| Net cash provided by/used in financing activities | (38,670,000.00) |
| Net increase/decrease in cash and cash equivalents | 10,508,990.12 |
| Cash and cash equivalents at beginning of year | 11,641,633.25 |
| Cash and cash equivalents at end of year | \$22,150,623.37 |

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

Combined Adams Street Global Secondary Fund 5 LP
Combined Statements of Changes in Partners' Equity
Years Ended December 31, 2024 and 2023

| | General Partner | Special Limited Partner | Limited Partners | Total |
|--|----------------------------|--|-----------------------------|------------------|
| Partners' equity at December 31, 2022 | \$3,427.50 | \$35,314,533.18 | \$297,888,482.93 | \$333,206,443.61 |
| Net investment income/loss, excluding management fees and incentive allocation | 37.32 | 48,794.10 | 3,946,503.87 | 3,995,335.29 |
| Management fees | - | - | (4,174,111.00) | (4,174,111.00) |
| Incentive allocation | - | 1,782,923.00 | (1,782,923.00) | - |
| Net realized gain/loss on investments | 178.85 | 234,075.56 | 18,758,179.68 | 18,992,434.09 |
| Net change in unrealized appreciation/depreciation on investments | (5.95) | (7,693.92) | (701,267.67) | (708,967.54) |
| Distributions paid | (573.00) | (750,677.00) | (53,766,584.00) | (54,517,834.00) |
| Partners' equity at December 31, 2023 | 3,064.72 | 36,621,954.92 | 260,168,280.81 | 296,793,300.45 |
| Net investment income/loss, excluding management fees and incentive allocation | 39.68 | 51,839.25 | 4,176,698.13 | 4,228,577.06 |
| Management fees | - | - | (3,279,656.00) | (3,279,656.00) |
| Incentive allocation | - | (1,044,828.00) | 1,044,828.00 | - |
| Net realized gain/loss on investments | (109.90) | (143,837.06) | (11,366,605.75) | (11,510,552.71) |
| Net change in unrealized appreciation/depreciation on investments | 3.44 | 4,493.96 | 21,305.99 | 25,803.39 |
| Distributions paid | (380.00) | (497,262.00) | (38,172,358.00) | (38,670,000.00) |
| Partners' equity at December 31, 2024 | \$2,617.94 | \$34,992,361.07 | \$212,592,493.18 | \$247,587,472.19 |

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

Combined Adams Street Global Secondary Fund 5 LP

Notes to the Combined Financial Statements

December 31, 2024

General Information

The Combined Adams Street Global Secondary Fund 5 LP Financial Statements present a combination of the financial results for the Adams Street Global Secondary Fund 5 LP (the Fund) and ASP GSF 5 (Sunshine Holdings) LP (AIV) for the reporting period. All significant intercompany balances and transactions have been eliminated in combining these entities. Disclosures relating to the Fund can be assumed to apply to the AIV.

Adams Street Global Secondary Fund 5 LP (the Fund), a Delaware limited partnership, was organized on July 16, 2012 and began operations on September 21, 2012 (commencement of investment operations). The General Partner and Advisor of the Fund and AIV is Adams Street Partners, LLC (General Partner or Advisor). The Advisor is registered with the US Securities and Exchange Commission as a registered investment advisor. The Fund's operating agreement (Fund Agreement) states that the Fund shall continue until September 21, 2024, subject to extension for up to three successive one-year periods at the sole discretion of the General Partner. The Fund was extended to September 21, 2025 by the General Partner in its sole discretion.

Pursuant to Section 2(d) of the Fund Agreement, the Advisor formed an alternative investment vehicle to make certain investments. ASP GSF 5 (Sunshine Holdings) LP (AIV), a Delaware limited partnership, was organized on September 23, 2016, and began operations on October 17, 2016. The financial statements of the Fund and the AIV are presented combined and the amounts and calculations in the notes represent combined information for the two vehicles. Descriptions below relating to the Fund can be assumed to apply to the AIV.

ASP Partners Global Secondary 5 LP (Special Limited Partner) is an employee investment vehicle that is not allocated management fees and receives an allocation of 100.00% of the incentive amount. The General Partner is not allocated management fees or incentive amounts.

The Fund was formed for the purpose of investing in private markets limited partnerships purchased from unaffiliated limited partners, referred to as secondary investments. It is expected that the liquidation of the limited partnership interests will generally coincide with the term of the Fund. Secondary investments are generally illiquid and cannot be redeemed.

The AIV was formed for the purpose of making certain investments in private markets limited partnerships or similar pooled investment vehicles (secondary investments or collectively partnership investments). Secondary investments are purchased from unaffiliated limited partners. It is expected that the liquidation of the limited partnership interests will generally coincide with the term of the AIV. Primary and secondary investments are generally illiquid and cannot be redeemed.

Combined Adams Street Global Secondary Fund 5 LP

Notes to the Combined Financial Statements

December 31, 2024

Significant Accounting Policies

Basis of Presentation

The financial statements have been prepared in conformity with U.S. generally accepted accounting principles (GAAP). The Fund is an investment company under the criteria established within Accounting Standards Codification (ASC) Topic 946 *Financial Services – Investment Companies* and applies the specialized accounting and reporting guidance included therein.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of increases and decreases in partners' equity from operations during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash represents demand deposits held at financial institutions. Cash and cash equivalents are held at major financial institutions and are subject to credit risk to the extent those balances exceed applicable Federal Deposit Insurance Corporation (FDIC) or Securities Investor Protection Corporation (SIPC) limitations. The Fund records its holdings in daily valued money market mutual fund investments as cash equivalents as these investments are held for meeting short-term liquidity requirements rather than for investment purposes. The carrying amount included in the Statement of Financial Condition for cash and cash equivalents approximates the fair value.

Investment Transactions and Income

Interest income is recognized on an accrual basis. Investment transactions are accounted for on the trade date.

Distributions from partnerships and similar vehicles are recorded as portfolio income or realized gains/losses in accordance with information provided by the underlying manager at the time of the transaction. Reclassifications of prior investment transactions may be required based on subsequent information received from the underlying manager. These reclassifications may impact current year purchases, proceeds and realized gains and losses on investments. Cost is equal to total drawn or paid in the Fund's currency less any return of cost distributed by these investments. Any cost remaining at the time the investment is liquidated is recorded as a realized loss.

For partnership investments denominated in foreign currencies, contributions are translated into the Fund's currency at the exchange rate at the time of the contribution. As distributions occur, the cost in the Fund's currency is reduced at the exchange rate at the time of the distribution.

Combined Adams Street Global Secondary Fund 5 LP

Notes to the Combined Financial Statements

December 31, 2024

Investment Valuation

The Fund records its investments at fair value in accordance with GAAP. Fair value is the price that would be received upon the sale of an investment in an orderly transaction between market participants at the measurement date.

The investments fall into one of the following four categories within the fair value hierarchy:

- Level 1 - inputs reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Fund has the ability to access at the measurement date.

Level 1 investments held by the Fund typically consist of public stock positions distributed from partnership investments. Management does not adjust the quoted price for such instruments, even in situations where the Fund holds a large position and a sale could reasonably impact the quoted price.

- Level 2 - inputs include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability other than quoted prices, either directly or indirectly, including inputs in markets that are not considered to be active.

Level 2 investments held by the Fund may consist of public stock positions where the valuation is adjusted to reflect illiquidity and/or non-transferability.

- Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Level 3 investments held by the Fund typically consist of other investments that are not measured at net asset value.

- Investments measured at net asset value – the input is the practical expedient in the FASB's fair value measurement guidance.

Generally, the fair values of partnership investments and similar vehicles are based on the capital account balances reported by the underlying vehicles subject to management review and adjustment. These capital account balances reflect the fair value of the underlying vehicles' investments.

Combined Adams Street Global Secondary Fund 5 LP

Notes to the Combined Financial Statements

December 31, 2024

Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. An investment's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by management. Management considers observable data to be that market data which is readily available, regularly distributed or updated, reliable and verifiable, not proprietary and provided by multiple, independent sources that are actively involved in the relevant market. The categorization of an investment within the hierarchy is based upon the pricing transparency of the investment and does not necessarily correspond to management's perceived risk of that investment.

Foreign Currency Translation

Investments and unfunded commitments in currencies other than US dollar are translated into US dollar at the exchange rates on the valuation date. Transactions in currencies other than US dollar are translated into US dollar at the exchange rate on the date of the transaction.

The Fund does not isolate that portion of the results of operations arising from the effect of changes in foreign exchange rates on investments from fluctuations arising from changes in market prices of investments held. Those fluctuations are included with net realized and unrealized gain or loss from investments in the Statement of Operations.

Income Taxes

Fund taxable income or loss is reported by the partners individually and, accordingly, no provision has been made for taxes based on income. The Fund provides for state replacement and other tax expense, as applicable.

The Fund files Federal, Illinois and other state tax returns as required by law. Management has reviewed the Fund's tax positions and has not identified any uncertain tax positions which would require the Fund to record a tax exposure reserve. The Fund's four most recent tax years remain subject to examination by taxing authorities in those jurisdictions.

Combined Adams Street Global Secondary Fund 5 LP

Notes to the Combined Financial Statements

December 31, 2024

Investments

The following table presents the investments carried at fair value on the Statement of Financial Condition as of December 31, 2024 by the ASC 820-10 valuation hierarchy (as described above):

Fair Value Measurements as of December 31, 2024

| Level 1 | Level 2 | Level 3 | Investments measured at net asset value | Total |
|---------|---------|---------|---|------------------|
| \$0.00 | \$0.00 | \$0.00 | \$222,456,061.15 | \$222,456,061.15 |

While management believes its valuation methods are appropriate and consistent with those used by other market participants, the use of different methodologies or assumptions to estimate the fair value of investments in non-marketable privately held investment funds could result in a different estimate of fair value at the reporting date. Those fair value estimates, including those carried at net asset value, may differ significantly from the values that would have been determined had a readily available market for such investments existed, or had such investments been liquidated or sold to non-affiliated investors, and these differences could be material to the financial statements.

Management Fee

The annual management fee to the Advisor is calculated and paid quarterly in arrears on the last business day of the quarter. The fee is based upon each limited partner's respective subscription agreement and ranges from 0.50% to 1% of the limited partner's capital committed to the Fund. Management fees are reduced in certain years in accordance with the terms of the Fund Agreement.

To the extent the Advisor receives compensation from investments, management fees are reduced by 100% of such compensation. Such reductions, if any, are included in the Statement of Operations.

Combined Adams Street Global Secondary Fund 5 LP

Notes to the Combined Financial Statements

December 31, 2024

Partners' Equity

Equity Contributions

Committed capital, equity contributions paid, and unfunded capital commitments are as follows at December 31, 2024:

| | Committed Capital | Equity Contributions Paid | Unfunded Capital Commitments |
|------------------------------|------------------------------|--|---|
| General Partner | \$ 10,000 | 7,505 | 2,495 |
| Special Limited Partner | 13,090,000 | 9,823,057 | 3,266,943 |
| Limited Partners | 1,041,050,000 | 793,383,093 | 247,666,907 |
| Balance at December 31, 2024 | \$ <u>1,054,150,000</u> | <u>803,213,655</u> | <u>250,936,345</u> |

Unfunded capital commitments will be called as needed to purchase investments and to pay expenses of the Fund and AIV. Unfunded capital commitments are reduced by capital calls for related alternative investment vehicles, if any. Equity contributions are called from the partners in proportion to their commitment amounts.

Allocation of Income and Expenses

Income and expenses of the Fund and AIV are allocated to the partners in accordance with the terms of the Fund Agreement. An incentive amount equal to 10% multiplied by the excess of aggregate distributions over the aggregate capital contributions is allocated to the Special Limited Partner (100%) when the Fund exceeds a 7% preferred return. The estimated incentive allocation is based on the provisions of the partnership agreement, assuming that in the future all payment conditions will be met and that all amounts were realized and distributed as of the reporting date.

Cumulative incentive allocated to the Special Limited Partner at December 31, 2024 and December 31, 2023 was \$31,567,146 and \$32,611,974, respectively. Cumulative incentive allocation paid to the Special Limited Partner at December 31, 2024 and December 31, 2023 was \$0 and \$0, respectively.

Combined Adams Street Global Secondary Fund 5 LP

Notes to the Combined Financial Statements

December 31, 2024

Distributions

Distributions are made at the discretion of the General Partner in accordance with the terms of the Fund Agreement. All cash or securities received by the Fund and AIV shall be tentatively apportioned among the partners in proportion to their respective percentage interests. Amounts so apportioned to the General Partner and Special Limited Partner shall be distributed to them, and amounts so apportioned to each limited partner shall be distributed in accordance with the waterfall calculation per the Fund Agreement, which is consistent with the allocation of income and expenses as discussed above.

Commitments and Contingencies

As of December 31, 2024 the Fund has unfunded commitments of \$77,918,427. The unfunded portion of the commitment is a contractual obligation to be met in accordance with the terms of the specific partnership agreements. Because of the inherent uncertainty in predicting the timing of these commitments, management is unable to estimate the fair value of these commitments. The Fund believes that it will be able to satisfy such commitments from commitments due from the Fund's limited partners, if any, and/or proceeds received from investments.

Financial Highlights

Financial highlights are calculated for the limited partners taken as a whole. An individual limited partner's return and ratios may vary based on different management fee arrangements.

The Fund's since inception Internal Rate of Return (IRR) for the limited partners is net of management fees and incentive allocation and is computed based on the actual dates of limited partner equity contributions and distributions and the ending aggregate limited partners' equity balances (residual value).

| | |
|--|-------|
| IRR, since inception through December 31, 2024 | 6.05% |
| IRR, since inception through December 31, 2023 | 6.43% |

The net investment income/loss and operating expense ratios are computed using the weighted average net assets for the Fund. These ratios do not reflect the Fund's proportionate share of income and expenses of the underlying investment vehicles. The net investment income/loss and operating expense ratios presented on a committed capital basis are presented as supplemental disclosures to the required information.

Combined Adams Street Global Secondary Fund 5 LP

Notes to the Combined Financial Statements

December 31, 2024

For the year ended December 31, 2024:

Ratio to average net assets:

| | |
|---|--------------|
| Net investment income/loss (not including incentive allocation) | 0.36% |
| Operating expenses | -1.48% |
| Incentive allocation | <u>0.42%</u> |
| Total expenses and incentive allocation | -1.06% |

Ratio to committed capital:

| | |
|---|--------------|
| Net investment income/loss (not including incentive allocation) | 0.09% |
| Operating expenses | -0.35% |
| Incentive allocation | <u>0.10%</u> |
| Total expenses and incentive allocation | -0.25% |

| | |
|--|-----------------|
| Average net assets, computed quarterly | \$247,384,300 |
| Committed capital | \$1,041,050,000 |
| % Funded | 76.21% |

Other Required Disclosures

U.S. generally accepted accounting principles require the disclosure of any investments within the underlying investment vehicles that alone make up over 5% of the equity of the Fund. The following investments accounted for over 5% of the equity of the Fund, as described below.

| Name | Description | % Equity |
|------------------|---|----------|
| Shawbrook Bank | Commercial banking | 14% |
| Cashflows | high growth provider of ecommerce payment services to European SMEs offering a suite of complementary payment options, transaction recovery services and banking solutions. | 12% |
| Avionte Holdings | Provider of software solutions to the staffing industry | 8% |

Combined Adams Street Global Secondary Fund 5 LP

Notes to the Combined Financial Statements

December 31, 2024

Subsequent Events Evaluation

The Fund has evaluated the need for disclosures and/or adjustments resulting from subsequent events through April 25, 2025, the date the financial statements were available to be issued. This evaluation did not result in any subsequent events that necessitated disclosures and/or adjustments.

ASP GSF 5 (Sunshine Holdings) LP
2024 Form 5500, Schedule H
FEIN 61-1803802, Plan Number 001
Item 4i - Schedule of Assets (Held At End of Year)

| Investments | Cost | Fair Value |
|--|-------------------|-------------------|
| ABRY Advanced Securities Fund III | 5,837,213 | 20,343 |
| ABRY Partners VIII | 15,064,305 | 7,277,257 |
| ABRY Senior Equity IV | 4,149,058 | 1,182,363 |
| JPMorgan US Government Money Market Fund | 7,289,020 | 7,289,020 |
| Total Investments | 32,339,597 | 15,768,983 |

| | | |
|---|---|---|
| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|---|---|

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.)

B This return/report is: a single-employer plan a DFE (specify) E
 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)

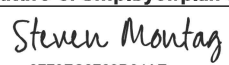
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

| | |
|--|--|
| <p>1a Name of plan</p> <p>ASP GSF 5 (SUNSHINE HOLDINGS) LP</p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan</p> |
| <p>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)</p> <p>ADAMS STREET PARTNERS, LLC</p> <p>ONE NORTH WACKER DRIVE STE 2700 CHICAGO, IL 60606-2823</p> | <p>2b Employer Identification Number (EIN) <u>61-1803802</u></p> <p>2c Plan Sponsor's telephone number <u>312-553-7890</u></p> <p>2d Business code (see instructions) <u>000000</u></p> |

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

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

| | | | |
|--------------|--|------------|--|
| SIGN HERE | | Date | Enter name of individual signing as plan administrator |
| | Signature of plan administrator | | |
| SIGN HERE | | Date | Enter name of individual signing as employer or plan sponsor |
| | Signature of employer/plan sponsor | | |
| SIGN HERE |  <small>3779FC8763D04AE...</small> | 10/15/2025 | STEVEN MONTAG |
| | 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 61-1803802 3c Administrator's telephone number 312-553-7890 |
|--|---|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------|--|---|--------------|---|---|--------------|---|---|-----------|--|---|-----------|--|---|-----------|--|---|-----------|--|---|-----------|--|---|--------------|--|---|--------------|--|---|-----------|---|---|
| 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table> | 5 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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). | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>6a(1)</td> <td>Total number of active participants at the beginning of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2)</td> <td>Total number of active participants at the end of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b</td> <td>Retired or separated participants receiving benefits</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td>Other retired or separated participants entitled to future benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td>Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e</td> <td>Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td>Total. Add lines 6d and 6e.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(1)</td> <td>Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td>Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td>Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">0</td> </tr> </table> | | | | 6a(1) | Total number of active participants at the beginning of the plan year | 0 | 6a(2) | Total number of active participants at the end of the plan year | 0 | 6b | Retired or separated participants receiving benefits | 0 | 6c | Other retired or separated participants entitled to future benefits. | 0 | 6d | Subtotal. Add lines 6a(2) , 6b , and 6c | 0 | 6e | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 0 | 6f | Total. Add lines 6d and 6e | 0 | 6g(1) | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 0 | 6g(2) | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 0 | 6h | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a(1) | Total number of active participants at the beginning of the plan year | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | Total number of active participants at the end of the plan year | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6b | Retired or separated participants receiving benefits | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6c | Other retired or separated participants entitled to future benefits. | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6d | Subtotal. Add lines 6a(2) , 6b , and 6c | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6e | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6f | Total. Add lines 6d and 6e | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6h | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table> | 7 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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) | 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 | (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 |

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) |
|---|--|

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 _____