

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SIDLEY AUSTIN MASTER PENSION TRUST
1b Three-digit plan number (PN): 013
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SIDLEY AUSTIN LLP
2b Employer Identification Number (EIN): 04-3004856
2c Plan Sponsor's telephone number: 312-853-7000
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <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 SIDLEY AUSTIN MASTER PENSION TRUST	B Three-digit plan number (PN) ▶	013
C Plan sponsor's name as shown on line 2a of Form 5500 SIDLEY AUSTIN LLP	D Employer Identification Number (EIN) 04-3004856	

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

BENEFIT STREET PARTNERS SPEC SIT

98-1301995

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

TA XII-B, L.P.

30-0864929

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

TA XIII-B, L.P.

98-1477051

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

TA XIV-B, L.P.

98-1593568

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

ABRY ADVANCED SECURITIES FUND III

98-1149775

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

ABRY ADVANCED SECURITIES FUND IV

98-1426949

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

ABRY PARTNERS IX, LP

98-1450551

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

ABRY SENIOR EQUITY V, LP

81-4142595

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

ADVENT INTERNATIONAL GPE IX-C L.P.

98-1476841

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

ADVENT INTERNATIONAL GPE VII-B L.P.

80-0831029

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

ADVENT INTERNATIONAL GPE VIII-C L.P.

81-1655415

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

ADVENT INTERNATIONAL GPE X, L.P.

98-1635338

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

ADVENT LATIN AMERICAN PE FUND V-F

27-0472050

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

ADVENT LATIN AMERICAN PE FUND VI-H

36-4795423

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

AH CAPITAL MANAGEMENT, L.L.C.

27-0351217

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

ALLSPRING FUNDS MANAGEMENT

94-3382001

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

ANCHORAGE CAPITAL GROUP LLC

20-0042271

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

ANCHORAGE CAP PARTNERS OFFSHORE LTD

98-0418058

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

AH CAPITAL MANAGEMENT, L.L.C.

27-0351217

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

ANNAPOLIS INVESTMENT (US) LP VII

#1100 - 110 9TH AVENUE
CALGARY, ALBERTA T2P 0T1 CA

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

APOLLO EPF MANAGEMENT II, L.P.

45-3278790

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

APOLLO ADVISORS IX, L.P.

35-2852225

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

APOLLO ADVISORS VII, L.P.

26-0673253

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

APOLLO ADVISORS VIII, L.P.

80-0877161

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

ARC ENERGY FUND 8 UNITED STATES LP

98-1265961

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

ARTISAN PARTNERS LP

30-0551775

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

AACP TAX-EXEMPT INVESTORS III, L.P.

45-4282761

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

BAIN CAPITAL, LP

200 CLARENDON STREET
BOSTON, MA 02116

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

CA RESOURCES FUND U.S. TAX-EXEMPT

C/O CAMBRIDGE ASSOCIATES LLC
125 HIGH STREET
BOSTON, MA 02110

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

CASTLELAKE V, LP

82-1221295

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

CATALYST FUND LP III

98-0641195

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

CATALYST FUND LP IV

98-1068877

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

CATALYST FUND LP V

98-1252120

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

CHARLESBANK EQTY COINVEST FUND VIII

47-1146666

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

CHARLESBANK EQUITY FUND IX, LP

35-2600984

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

CHARLES-LIM ASIAGLOBAL LIMITED

KINGSTON CHAMBERS P.O. BOX 173
ROAD TOWN, TORTOLA VG

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

D1 CAPITAL PARTNERS LP

82-2247965

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

DAVIDSON KEMPNER CAPITAL MANAGEMENT

13-3863161

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

DAVIDSON KEMPNER ADVISERS, LLC

88-4315699

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

DEERFIELD MANAGEMENT COMPANY, L.P.

345 PARK AVENUE SOUTH
NEW YORK, NY 10010

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

DENHAM CAPITAL MANAGEMENT LP

20-5891466

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

DIAMETER CAPITAL PARTNERS LP

98-1352252

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

DURABLE CAPITAL OFFSHORE FUND LTD.

98-1506144

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

ENDEAVOUR ASSOCIATES FUND VII, L.P.

47-2621683

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

ENDEAVOUR CAPITAL FUND VI, L.P.

45-3366594

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

EMG FUND III MANAGEMENT, LP

46-3835150

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

EMG FUND III GP, LP

46-3835066

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

FORTRESS CREDIT OPPS III ADVISORS

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

FORTRESS CREDIT OPPS IVA ADVISORS

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

FRAZIER MANAGEMENT, LLC

91-1678546

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

GAOCHENG FEEDER FUND II, L.P.

98-1612665

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

GEC PARTNERS III LP

98-1184018

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

GLENDON CAPITAL MANAGEMENT LP

1620 26TH STREET
SUITE 2000N
SANTA MONICA, CA 90404

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

H.I.G. CAPITAL, LLC

65-0863927

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

HIMALAYA CAP INVESTORS (OFFSHORE)

98-1432107

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

HUDSON BAY CAPITAL MANAGEMENT, L.P.

37-1511773

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

JUNTO OFFSHORE FUND LTD.

C/O MAPLES CORPORATE SERVICES LTD PO BOX 309 UGANDA HOUSE
GRAND CAYMAN KY1-1104 KY

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

KING STREET MASTER ADVISORS, LLC

26-3871197

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

KING STREET CAPITAL MANAGEMENT, L.P

13-3978904

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

LAKESTAR GROWTH I, L.P.

98-1473489

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

LAKESTAR II, L.P.

98-1288202

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

LAKESTAR III, L.P.

98-1473139

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

LAKEWOOD CAPITAL ADVISORS, LLC

20-8568448

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

NITORUM CAPITAL, L.P.

450 PARK AVENUE
NEW YORK, NY 10022

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

LAKEWOOD CAPITAL MANAGEMENT, LP

20-8865904

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

LONE STAR GLOBAL ACQUISITIONS, LTD.

75-2787141

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

NGP ENERGY TECHNOLOGY PARTNERS II

26-3310007

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

GFW ENERGY X, L.P.

32-0363007

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

NITORUM GP, LLC

450 PARK AVENUE
NEW YORK, NY 10022

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

OAKTREE OPPORTUNITIES FUND VIII B

98-0649534

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

ORION CAPITAL MANAGERS, LLP

63 BROOKS STREET
LONDON W1K 4HS GB

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

OMEGA FUND VI, L.P.

36-4914236

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

OMEGA FUND VII, L.P.

98-1592224

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

THE OVERLOOK PARTNERS FUND L.P.

98-0131278

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

RA CAPITAL HEALTHCARE PARTNERS III

98-1235864

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

ROUNDTABLE HEALTHCARE PARTNERS III

38-3815002

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

ROUNDTABLE HEALTHCARE PARTNERS IV

47-4841278

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

ROUNDTABLE HEALTHCARE PARTNERS V

84-2086622

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

ROUNDTABLE HEALTHCARE PARTNERS VI

88-0906144

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

RYDER COURT INTERNATIONAL FUND

75-3269118

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

SENTINEL CAPITAL PARTNERS, LLC

ONE VANDERBILT AVENUE
53RD FLOOR
NEW YORK, NY 10017

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

SERENT CAPITAL II, L.P.

35-2465864

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

SERENT CAPITAL III, L.P.

44 MONTGOMERY STREET
SUITE 3450
SAN FRANCISCO, CA 94111

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

SERENT CAPITAL IV, L.P.

84-4714374

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

SERENT CAPITAL V, L.P.

88-0617796

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

SILVER LAKE TECHNOLOGY ASSOC III LP

20-5884966

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

SILVER LAKE TECHNOLOGY ASSOC IV, LP

30-0733533

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

SILVER LAKE TECHNOLOGY ASSOC V, L.P

32-0516907

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

SILVERSMITH CAPITAL PARTNERS I-B

47-4632914

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

SILVERSMITH CAPITAL PARTNERS II-B

82-4035583

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

SILVERSMITH CAPITAL PARTNERS III-B

98-1558344

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

SILVERSMITH CAPITAL PARTNERS IV-B

88-3018030

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

SLTA SPV-2, L.P.

83-3404020

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

SOFINNOVA VENTURE PARTNERS IX, L.P.

47-1229070

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

THIRD ROCK VENTURES IV, LP

81-4370882

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

THIRD ROCK VENTURES V, LP

84-1868726

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

THIRD ROCK VENTURES VI, LP

88-2485899

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

TRUEBRIDGE-KAUFFMAN FEF II L.P.

32-0300512

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

THE VANGUARD GROUP, INC.

23-1945930

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

VIKING LONG FUND GP LLC

80-0298130

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

VIKING GLOBAL PERFORMANCE LLC

13-4055115

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

VIKING GLOBAL INVESTORS LP

13-4055118

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

VITRUVIAN PARTNERS LLP

105 WIGMORE STREET
LONDON W10 1QY GB

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

WHALE ROCK CAPITAL MANAGEMENT LLC

56-2567478

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

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

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

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

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

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

CAMBER CAPITAL OFFSHORE FUND, LTD.

OGIER GLOBAL CAYMAN LIMITED 89 NEXUS WAY
GRAND CAYMAN KY1-9009 KY

(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?
51	NONE	119734	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SRE OPPORTUNITY FUND IV, L.P.

86-1424706

(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?
51	NONE	26491	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HS MANAGEMENT PARTNERS, LLC

26-0335469

(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?
51	NONE	74501	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

HUDSON ADVISORS L.P.

75-2578511

(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?
27 72	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	39648	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LINDELL TRAIN GLOBAL EQUITY LLC

35-2496423

(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?
28 50 51	NONE	101992	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MARATHON ASSET MANAGEMENT LIMITED

98-1669899

(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?
21 28 50 51	NONE	112764	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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)

PALMER SQUARE ULTRA-SHORT DIGF LLC

36-4775413

(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?
52	NONE	50963	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VVP ALL CAP FUND, LLC

39-2051712

(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?
51	NONE	95556	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

W CAPITAL PARTNERS III, L.P.

27-5137337

(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?
51	NONE	9438	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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
ELSEWHERE PARTNERS III LP 92-2859855	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
ICG STRATEGIC EQUITY FUND V USD LP 92-1566902	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
PEPPERTREE CAPITAL FUND X QP, LP 93-2223264	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
SPECIAL OPPS FUND IV PE (CAYMAN) LP 98-0552234	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
THE FOUNDERS FUND GROWTH II, L.P. 88-0594168	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
THE FOUNDERS FUND GROWTH, L.P. 84-4017214	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION

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
THE FOUNDERS FUND III, L.P. 27-2312837	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
THE FOUNDERS FUND IV, L.P. 45-3221446	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
THE FOUNDERS FUND V, L.P. 46-5067090	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
THE FOUNDERS FUND VI, L.P. 32-0488578	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
THE FOUNDERS FUND VII, L.P. 84-3402613	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION
THE FOUNDERS FUND VIII, L.P. 88-0620061	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION

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
TURNPIRE VALUE FUND II LP 93-2146601	51	DID NOT RESPOND TO MULTIPLE REQUESTS TO PROVIDE OR CONFIRM SCHEDULE C INFORMATION

(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:

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)

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 SIDLEY AUSTIN MASTER PENSION TRUST	B Three-digit plan number (PN) 013
C Plan sponsor's name as shown on line 2a of Form 5500 SIDLEY AUSTIN LLP	D Employer Identification Number (EIN) 04-3004856

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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1599047
		33878414
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	40318499
(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)	5581
(B) Common	1c(4)(B)	23111745
(5) Partnership/joint venture interests	1c(5)	401033105
(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)	17746947
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	190225583
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	352399040
		322436892

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	1026439547	1108028037
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1026439547	1108028037

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)	4328965	
(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)	4036365	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8365330
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	28301	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4975673	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5003974
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	157260161	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	106994914	
(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)	41643165	
(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	
d Total income. Add all income amounts in column (b) and enter total.....	2d	105277716

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	105277716
l Transfers of assets:		
(1) To this plan.....	2l(1)	90996638
(2) From this plan	2l(2)	114685864

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)	X		
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 _____.

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name	<u>Sidley Austin Master Pension Trust</u>	EIN:	<u>04-3004856</u>
Plan Sponsor's Name	<u>Sidley Austin LLP</u>	PN:	<u>013</u>

<u>(a)</u>	<u>(b) Identity of issue</u>	<u>(c) Description of investment</u>	<u>(e) Current value</u>
	Investment receivables, net	Receivables - Other	\$ 31,684,039
	Receivables, other (Palmer Square Ultra-Short Duration Investment Grade Fund LLC)	Receivables - Other	2,193,755
	Receivables, other (Luxor Capital Partners Offshore Liquidating SPV, Ltd.)	Receivables - Other	620
			<u>33,878,414</u>
	Northern Institutional Treasury Portfolio	Interest-bearing cash	18,707,744
	Cash (Luxor Capital Partners Offshore Liquidating SPV, Ltd.)	Interest-bearing cash	17,766
			<u>18,725,510</u>
	Interest in preferred stock (Luxor Capital Partners Offshore Liquidating SPV, Ltd.)	Corporate stocks - Preferred	3,612
	AEVA Technologies, Inc.	Corporate stocks - Common	39,382
	Affirm Holdings, Inc.	Corporate stocks - Common	103,530
	Airbnb, Inc.	Corporate stocks - Common	16,164
	Blend Labs, Inc.	Corporate stocks - Common	67,108
	Compass, Inc.	Corporate stocks - Common	17,673
	Cytomx Therapeutics, Inc.	Corporate stocks - Common	2,331
	Dell Technologies, Inc.	Corporate stocks - Common	59,003
	Desktop Metal, Inc.	Corporate stocks - Common	7,444
	DigitalOcean Holdings, Inc.	Corporate stocks - Common	86,333
	Exact Sciences Corp	Corporate stocks - Common	153,286
	Fulcrum Therapeutics, Inc.	Corporate stocks - Common	13,968
	Latch, Inc.	Corporate stocks - Common	2,664
	Matterport, Inc.	Corporate stocks - Common	146,935
	Nurix Therapeutics, Inc.	Corporate stocks - Common	59,930
	Pacific Biosciences of California, Inc.	Corporate stocks - Common	1,938
	Pliant Therapeutics, Inc.	Corporate stocks - Common	52,074
	Recursion Biopharmaceuticals, Inc.	Corporate stocks - Common	164,775
	Relay Therapeutics, Inc.	Corporate stocks - Common	97,829
	Samsara, Inc.	Corporate stocks - Common	357,952
	Stitch Fix, Inc.	Corporate stocks - Common	5,047
	Talpheria, Inc.	Corporate stocks - Common	274
	Unity Software, Inc.	Corporate stocks - Common	13,842
	ZoomInfo Technologies, Inc.	Corporate stocks - Common	67,401
			<u>1,536,883</u>
	ABRY Advanced Securities Fund II, L.P.	Partnership/joint venture interests	35,014
	ABRY Advanced Securities Fund III, L.P.	Partnership/joint venture interests	4,279

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name	<u>Sidley Austin Master Pension Trust</u>	EIN:	<u>04-3004856</u>
Plan Sponsor's Name	<u>Sidley Austin LLP</u>	PN:	<u>013</u>

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
	ABRY Advanced Securities Fund IV, L.P.	Partnership/joint venture interests	1,797,347
	ABRY Heritage Partners, L.P.	Partnership/joint venture interests	502,655
	ABRY Partners IX, L.P.	Partnership/joint venture interests	4,844,934
	ABRY Partners VII, L.P.	Partnership/joint venture interests	169,165
	ABRY Partners VIII, L.P.	Partnership/joint venture interests	388,870
	ABRY Senior Equity IV, L.P.	Partnership/joint venture interests	92,798
	ABRY Senior Equity V, L.P.	Partnership/joint venture interests	1,556,062
	ABS Capital Partners VII, L.P.	Partnership/joint venture interests	185,276
	Advent International GPE IX-C Limited Partnership	Partnership/joint venture interests	6,119,067
	Advent International GPE V-A, L.P.	Partnership/joint venture interests	68,943
	Advent International GPE VI-A, L.P.	Partnership/joint venture interests	302,708
	Advent International GPE VII-B Limited Partnership	Partnership/joint venture interests	408,629
	Advent International GPE VIII-C Limited Partnership	Partnership/joint venture interests	5,173,141
	Advent International GPE X Limited Partnership	Partnership/joint venture interests	1,807,496
	Advent Latin American Private Equity Fund IV Limited Partnership	Partnership/joint venture interests	193,804
	Advent Latin American Private Equity Fund V Limited Partnership	Partnership/joint venture interests	221,700
	Advent Latin American Private Equity Fund VI Limited Partnership	Partnership/joint venture interests	1,637,119
	AH Annex Fund, L.P.	Partnership/joint venture interests	133,220
	AH Parallel Fund III, L.P.	Partnership/joint venture interests	445,043
	AH Parallel Fund IV, L.P.	Partnership/joint venture interests	756,185
	AH Parallel Fund V, L.P.	Partnership/joint venture interests	2,059,403
	Alcion Real Estate Partners Fund III-A, L.P.	Partnership/joint venture interests	395,760
	AMV Partners II, L.P.	Partnership/joint venture interests	51,011
	Andreessen Horowitz Fund I, L.P.	Partnership/joint venture interests	613,229
	Andreessen Horowitz Fund II, L.P.	Partnership/joint venture interests	185,682
	Andreessen Horowitz Fund III, L.P.	Partnership/joint venture interests	3,935,971
	Andreessen Horowitz Fund IV, L.P.	Partnership/joint venture interests	1,953,756
	Andreessen Horowitz Fund V, L.P.	Partnership/joint venture interests	2,305,017
	Andreessen Horowitz Fund VI, L.P.	Partnership/joint venture interests	2,061,581
	Andreessen Horowitz Fund VII, L.P.	Partnership/joint venture interests	893,005
	Andreessen Horowitz Fund VIII, L.P.	Partnership/joint venture interests	1,414,210
	Andreessen Horowitz Fund IX – AI Applications, L.P.	Partnership/joint venture interests	120,340
	Andreessen Horowitz Fund IX – AI Infrastructure, L.P.	Partnership/joint venture interests	97,812
	Andreessen Horowitz LSV Fund I, L.P.	Partnership/joint venture interests	1,658,058
	Andreessen Horowitz LSV Fund II, L.P.	Partnership/joint venture interests	1,394,942
	Andreessen Horowitz LSV Fund III, L.P.	Partnership/joint venture interests	2,681,345
	Andreessen Horowitz LSV Fund IV, L.P.	Partnership/joint venture interests	981,817
	Andreessen Horowitz Seed Fund I, L.P.	Partnership/joint venture interests	801,794

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name	<u>Sidley Austin Master Pension Trust</u>	EIN:	<u>04-3004856</u>
Plan Sponsor's Name	<u>Sidley Austin LLP</u>	PN:	<u>013</u>

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
	Annapolis Investment (US) Limited Partnership VII	Partnership/joint venture interests	921,754
	Apollo European Principal Finance Fund II (Dollar B), L.P.	Partnership/joint venture interests	30,543
	Apollo Investment Fund IX, L.P.	Partnership/joint venture interests	3,016,205
	Apollo Investment Fund VI, L.P.	Partnership/joint venture interests	50,974
	Apollo Investment Fund VIII, L.P.	Partnership/joint venture interests	759,014
	Arbor Investments V, L.P.	Partnership/joint venture interests	2,138,824
	ARC Energy Fund 7 United States Limited Partnership	Partnership/joint venture interests	371,626
	ARC Energy Fund 8 United States Limited Partnership	Partnership/joint venture interests	1,178,350
	Artiman Ventures 2014, L.P.	Partnership/joint venture interests	5,384,953
	Artiman Ventures II, L.P.	Partnership/joint venture interests	419,941
	Artiman Ventures III, L.P.	Partnership/joint venture interests	886,047
	Artiman Ventures Select 2014, L.P.	Partnership/joint venture interests	897,721
	Artiman Ventures Special Opportunities Fund, L.P.	Partnership/joint venture interests	165,245
	Asia Alternatives Capital Partners III, L.P.	Partnership/joint venture interests	1,064,949
	Avenue Special Situations Fund VI (B), L.P.	Partnership/joint venture interests	142,456
	Bain Capital Fund XI, L.P.	Partnership/joint venture interests	1,448,929
	Bain Capital Fund XII, L.P.	Partnership/joint venture interests	3,050,543
	Bain Capital Fund XIII, L.P.	Partnership/joint venture interests	2,828,249
	Bain Capital Venture Coinvestment Fund II, L.P.	Partnership/joint venture interests	1,679,365
	Bain Capital Venture Coinvestment Fund III, L.P.	Partnership/joint venture interests	1,000,684
	Bain Capital Venture Fund 2016, L.P.	Partnership/joint venture interests	5,746,071
	Bain Capital Venture Fund 2019, L.P.	Partnership/joint venture interests	4,358,051
	Bain Capital Venture Fund 2021, L.P.	Partnership/joint venture interests	2,773,021
	Bain Capital Venture Fund 2022, L.P.	Partnership/joint venture interests	928,554
	Balderton Capital III, L.P.	Partnership/joint venture interests	27,794
	Balderton Capital IV, L.P.	Partnership/joint venture interests	621,596
	bd-capital Fund 2 LP	Partnership/joint venture interests	557,021
	Benchmark Capital Partners IV, L.P.	Partnership/joint venture interests	43,236
	Benchmark Capital Partners VI, L.P.	Partnership/joint venture interests	854,600
	Benchmark Israel II, L.P.	Partnership/joint venture interests	1,044,256
	Benefit Street Partners Special Situations Fund L.P.	Partnership/joint venture interests	837,593
	Blue Water Energy Fund I, L.P.	Partnership/joint venture interests	827,361
	Blue Water Energy Fund II, L.P.	Partnership/joint venture interests	2,645,261
	CA Resources Fund (U.S. Tax-Exempt), L.P. - Series KPS Special Situations Fund V (A)	Partnership/joint venture interests	3,026,330
	CA Resources Fund (U.S. Tax-Exempt), L.P. - Series KPS Special Situations Fund VI (A)	Partnership/joint venture interests	531,473
	Castlelake IV, L.P.	Partnership/joint venture interests	1,033,286
	Castlelake V, L.P.	Partnership/joint venture interests	1,329,888
	Catalyst Fund Limited Partnership III	Partnership/joint venture interests	332,874

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name	<u>Sidley Austin Master Pension Trust</u>	EIN:	<u>04-3004856</u>
Plan Sponsor's Name	<u>Sidley Austin LLP</u>	PN:	<u>013</u>

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
	Catalyst Fund Limited Partnership IV	Partnership/joint venture interests	361,380
	Catalyst Fund Limited Partnership V	Partnership/joint venture interests	1,905,429
	C-Bridge Healthcare Fund IV, L.P.	Partnership/joint venture interests	4,779,072
	Cerberus Institutional Partners, L.P. (Series Four)	Partnership/joint venture interests	8,681
	Charlesbank Equity Coinvestment Fund VII, Limited Partnership	Partnership/joint venture interests	8,240
	Charlesbank Equity Fund IX, Limited Partnership	Partnership/joint venture interests	2,081,162
	Charlesbank Equity Fund VIII, Limited Partnership	Partnership/joint venture interests	1,204,547
	Deerfield Private Design Fund IV, L.P.	Partnership/joint venture interests	4,202,939
	Denham Commodity Partners Fund V, L.P.	Partnership/joint venture interests	286,188
	Denham Commodity Partners Fund VI, L.P.	Partnership/joint venture interests	1,092,627
	Elsewhere Partners III, LP	Partnership/joint venture interests	470,311
	EnCap Energy Capital Fund IX, L.P.	Partnership/joint venture interests	472,838
	EnCap Energy Capital Fund VIII, L.P.	Partnership/joint venture interests	789,459
	EnCap Energy Capital Fund X, L.P.	Partnership/joint venture interests	1,035,089
	EnCap Energy Capital Fund XI, L.P.	Partnership/joint venture interests	2,704,577
	EnCap Flatrock Midstream Fund III, L.P.	Partnership/joint venture interests	753,963
	EnCap Flatrock Midstream Fund IV, L.P.	Partnership/joint venture interests	1,369,391
	Endeavour Associates Fund VII, L.P.	Partnership/joint venture interests	1,133,151
	Energy & Minerals Group Fund III, L.P., The	Partnership/joint venture interests	1,381,076
	EnerVest Energy Institutional Fund XIV-C, L.P.	Partnership/joint venture interests	569,005
	Europa Fund III, L.P.	Partnership/joint venture interests	4,767
	Formation8 Partners Fund II, L.P.	Partnership/joint venture interests	7,470,260
	Fortress Credit Opportunities Fund III (B), L.P.	Partnership/joint venture interests	77,934
	Fortress Credit Opportunities Fund IV (B), LP	Partnership/joint venture interests	782,923
	Foundation Capital V, L.P.	Partnership/joint venture interests	482,493
	Foundation Capital VI, L.P.	Partnership/joint venture interests	752,642
	Foundation Capital VII, L.P.	Partnership/joint venture interests	1,257,962
	Foundation Capital VIII, L.P.	Partnership/joint venture interests	13,330,750
	Foundry Group Next 2018, L.P.	Partnership/joint venture interests	3,729,658
	Frazier Healthcare Growth Buyout Fund IX, L.P.	Partnership/joint venture interests	2,578,622
	Frazier Healthcare Growth Buyout Fund VIII, L.P.	Partnership/joint venture interests	1,268,523
	Frazier Healthcare Growth Buyout Fund X, L.P.	Partnership/joint venture interests	2,979,764
	Gaocheng Feeder Fund II, L.P.	Partnership/joint venture interests	813,219
	GEC Partners III LP	Partnership/joint venture interests	3,003,461
	Glendon Opportunities Fund II, L.P.	Partnership/joint venture interests	2,675,598
	Glendon Opportunities Fund, L.P. (GOF Feeder A, L.P.)	Partnership/joint venture interests	233,581
	Granite Ventures II, L.P.	Partnership/joint venture interests	1,131,069
	H.I.G. Bayside Debt & LBO Fund II, L.P.	Partnership/joint venture interests	203,100

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name	<u>Sidley Austin Master Pension Trust</u>	EIN:	<u>04-3004856</u>
Plan Sponsor's Name	<u>Sidley Austin LLP</u>	PN:	<u>013</u>

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
	H.I.G. Healthbridge Capital Partners I	Partnership/joint venture interests	1,300,092
	H.I.G. Capital Partners V, L.P.	Partnership/joint venture interests	1,191,509
	H.I.G. Capital Partners VI, L.P.	Partnership/joint venture interests	2,191,515
	H.I.G. Europe Capital Partners II, L.P.	Partnership/joint venture interests	1,245,674
	H.I.G. Middle Market LBO Fund II, L.P.	Partnership/joint venture interests	1,077,241
	H.I.G. Middle Market LBO Fund III, L.P.	Partnership/joint venture interests	4,057,862
	ICG Strategic Equity Fund V	Partnership/joint venture interests	698,791
	IDG China Venture Capital Fund IV L.P.	Partnership/joint venture interests	2,226,927
	IDG China Venture Capital Fund V L.P.	Partnership/joint venture interests	2,770,269
	Innovation Works Development Fund II, L.P.	Partnership/joint venture interests	350,870
	Kepha Partners I, L.P.	Partnership/joint venture interests	519,531
	Lakestar Growth I LP	Partnership/joint venture interests	1,395,240
	Lakestar II LP	Partnership/joint venture interests	4,232,085
	Lakestar III LP	Partnership/joint venture interests	3,251,383
	Lime Rock Partners VI, L.P.	Partnership/joint venture interests	809,483
	Lone Star Fund IX (U.S.), L.P.	Partnership/joint venture interests	640,919
	Lone Star Fund VIII, L.P.	Partnership/joint venture interests	138,380
	Lone Star Fund X (U.S.), L.P.	Partnership/joint venture interests	2,300,166
	Lone Star Fund XI, L.P.	Partnership/joint venture interests	3,641,838
	Lone Star Real Estate III (U.S.), L.P.	Partnership/joint venture interests	10,720
	Lux Co-Invest Opportunities II, L.P.	Partnership/joint venture interests	2,166,466
	Lux Co-Invest Opportunities, L.P.	Partnership/joint venture interests	909,140
	Lux Total Opportunities, L.P.	Partnership/joint venture interests	1,065,965
	Lux Ventures III, L.P.	Partnership/joint venture interests	682,688
	Lux Ventures IV, L.P.	Partnership/joint venture interests	1,776,983
	Lux Ventures V, L.P.	Partnership/joint venture interests	3,868,516
	Lux Ventures VI, L.P.	Partnership/joint venture interests	4,019,644
	Lux Ventures VII, L.P.	Partnership/joint venture interests	1,473,449
	Lux Ventures VIII, L.P.	Partnership/joint venture interests	1,433,028
	Madison Dearborn Capital Partners VI, L.P.	Partnership/joint venture interests	4,960
	Mithril II LP	Partnership/joint venture interests	2,514,628
	New Enterprise Associates 14, L.P.	Partnership/joint venture interests	3,230,434
	New Enterprise Associates 15, L.P.	Partnership/joint venture interests	1,735,659
	New Enterprise Associates 16, L.P.	Partnership/joint venture interests	3,089,780
	NGP Energy Technology Partners II, L.P.	Partnership/joint venture interests	12,736
	NGP Natural Resources X, L.P.	Partnership/joint venture interests	161,757
	North Bridge Growth Equity II, L.P.	Partnership/joint venture interests	2,595,230
	Oaktree Opportunities Fund VIII, L.P.	Partnership/joint venture interests	3,536

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name	<u>Sidley Austin Master Pension Trust</u>	EIN:	<u>04-3004856</u>
Plan Sponsor's Name	<u>Sidley Austin LLP</u>	PN:	<u>013</u>

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
	Oaktree Opportunities Fund VIIIb, L.P.	Partnership/joint venture interests	76,254
	OF IV Investors Limited Partnership	Partnership/joint venture interests	1,445,536
	OF V Investors Limited Partnership	Partnership/joint venture interests	3,225,179
	Omega Fund VI, L.P.	Partnership/joint venture interests	3,153,062
	Omega Fund VII, L.P.	Partnership/joint venture interests	2,043,518
	Orion Mine Finance Fund I, L.P.	Partnership/joint venture interests	387,269
	Pacven Walden Ventures VI, L.P.	Partnership/joint venture interests	518,448
	Park Street Capital Natural Resource Fund III, L.P.	Partnership/joint venture interests	50,866
	Peak Rock Capital Credit Fund II, L.P.	Partnership/joint venture interests	123,692
	Peak Rock Capital Fund II, L.P.	Partnership/joint venture interests	574,672
	Peak Rock Capital Fund III, L.P.	Partnership/joint venture interests	2,513,655
	Peak Rock Capital Fund, L.P.	Partnership/joint venture interests	898,403
	Peppertree Capital Fund X, LP	Partnership/joint venture interests	862,662
	Prospect Venture Partners III, L.P.	Partnership/joint venture interests	28,960
	Resource Capital Fund V L.P.	Partnership/joint venture interests	41,018
	Resource Capital Fund VI L.P.	Partnership/joint venture interests	1,046,253
	RoundTable Healthcare Partners III, L.P.	Partnership/joint venture interests	773,265
	RoundTable Healthcare Partners IV, L.P.	Partnership/joint venture interests	222,453
	RoundTable Healthcare Partners V, L.P.	Partnership/joint venture interests	1,291,335
	RoundTable Healthcare Partners VI, L.P.	Partnership/joint venture interests	1,054,899
	SCF-IX, L.P.	Partnership/joint venture interests	4,674,781
	SCF-VII(A), L.P.	Partnership/joint venture interests	4,100
	SCF-VII, L.P.	Partnership/joint venture interests	390,330
	SCF-VIII, L.P.	Partnership/joint venture interests	3,060,136
	Section 32 Fund 3, L.P.	Partnership/joint venture interests	1,509,572
	Section 32 Fund 4, L.P.	Partnership/joint venture interests	1,952,287
	Section 32 Fund 5, L.P.	Partnership/joint venture interests	299,435
	Sentinel Capital Partners VII-A, L.P.	Partnership/joint venture interests	996,885
	Serent Capital II, L.P.	Partnership/joint venture interests	2,863,697
	Serent Capital III, L.P.	Partnership/joint venture interests	5,408,347
	Serent Capital IV, L.P.	Partnership/joint venture interests	4,268,303
	Serent Capital V, L.P.	Partnership/joint venture interests	837,103
	Silver Lake Partners III, L.P.	Partnership/joint venture interests	186,567
	Silver Lake Partners IV, L.P.	Partnership/joint venture interests	2,874,095
	Silver Lake Partners V, L.P.	Partnership/joint venture interests	3,264,931
	Silversmith Capital Partners I-B, L.P.	Partnership/joint venture interests	4,363,256
	Silversmith Capital Partners II-B, L.P.	Partnership/joint venture interests	4,467,029
	Silversmith Capital Partners III-B, L.P.	Partnership/joint venture interests	2,950,663

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name	<u>Sidley Austin Master Pension Trust</u>	EIN:	<u>04-3004856</u>
Plan Sponsor's Name	<u>Sidley Austin LLP</u>	PN:	<u>013</u>

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
	Silversmith Capital Partners IV-B, L.P.	Partnership/joint venture interests	1,421,246
	Siris Partners IV, L.P.	Partnership/joint venture interests	3,314,182
	SL SPV-2, L.P.	Partnership/joint venture interests	436,597
	Sofinnova Venture Partners IX, L.P.	Partnership/joint venture interests	937,342
	Sofinnova Venture Partners X, L.P.	Partnership/joint venture interests	1,017,740
	Special Opportunities Fund IV Private Equity (Cayman), L.P.	Partnership/joint venture interests	629,470
	SRE Opportunity Fund III, L.P.	Partnership/joint venture interests	2,806,178
	SRE Opportunity Fund IV, L.P.	Partnership/joint venture interests	1,181,254
	TA Select Opportunities Fund-B, L.P.	Partnership/joint venture interests	2,832,620
	TA XI, L.P.	Partnership/joint venture interests	199,381
	TA XII-B, L.P.	Partnership/joint venture interests	1,965,112
	TA XIII-B, L.P.	Partnership/joint venture interests	4,904,227
	TA XIV-B, L.P.	Partnership/joint venture interests	2,929,151
	The Founders Fund Growth II, L.P.	Partnership/joint venture interests	737,320
	The Founders Fund Growth, L.P.	Partnership/joint venture interests	1,232,266
	The Founders Fund III, LP	Partnership/joint venture interests	3,848,573
	The Founders Fund IV, LP	Partnership/joint venture interests	7,396,670
	The Founders Fund V, LP	Partnership/joint venture interests	2,842,838
	The Founders Fund VI, LP	Partnership/joint venture interests	9,076,824
	The Founders Fund VII, LP	Partnership/joint venture interests	4,516,828
	The Founders Fund VIII, LP	Partnership/joint venture interests	949,401
	Third Rock Ventures II, L.P.	Partnership/joint venture interests	396
	Third Rock Ventures III, L.P.	Partnership/joint venture interests	95,252
	Third Rock Ventures IV, L.P.	Partnership/joint venture interests	1,136,962
	Third Rock Ventures V, L.P.	Partnership/joint venture interests	2,801,113
	Third Rock Ventures VI, L.P.	Partnership/joint venture interests	1,648,802
	Third Rock Ventures, L.P.	Partnership/joint venture interests	46,121
	Thoma Bravo Discover Fund III-A, L.P.	Partnership/joint venture interests	1,348,942
	Thoma Bravo Discover Fund IV-A, L.P.	Partnership/joint venture interests	2,616,892
	Thoma Bravo Fund XI, L.P.	Partnership/joint venture interests	1,627,712
	Thoma Bravo Fund XII, L.P.	Partnership/joint venture interests	3,473,395
	Thoma Bravo Fund XIII-A, L.P.	Partnership/joint venture interests	3,795,167
	Thoma Bravo Fund XIV-A, L.P.	Partnership/joint venture interests	2,217,979
	Thoma Bravo Special Opportunities Fund I, L.P.	Partnership/joint venture interests	12,051
	TrueBridge-Bain 2014 Special Purpose, LLC	Partnership/joint venture interests	820,628
	TrueBridge-BVP VIII Special Purpose, LLC	Partnership/joint venture interests	3,309,635
	TrueBridge-Kauffman Fellows Endowment Fund II L.P.	Partnership/joint venture interests	3,922,566
	TrueBridge-Redpoint Omega II Special Purpose, LLC	Partnership/joint venture interests	1,367,710

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name	<u>Sidley Austin Master Pension Trust</u>	EIN:	<u>04-3004856</u>
Plan Sponsor's Name	<u>Sidley Austin LLP</u>	PN:	<u>013</u>

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
	Turnspire Value Fund II LP	Partnership/joint venture interests	1,605,884
	venBio Global Strategic Fund IV, L.P.	Partnership/joint venture interests	1,699,347
	venBio Global Strategic Fund V, L.P.	Partnership/joint venture interests	1
	VIP III Feeder LP	Partnership/joint venture interests	4,653,052
	VIP IV Feeder LP	Partnership/joint venture interests	3,224,591
	VIP V Feeder S.C.Sp.	Partnership/joint venture interests	272,452
	Vitruvian Investment Partnership II	Partnership/joint venture interests	503,079
	W Capital Partners III, L.P.	Partnership/joint venture interests	982,340
	Welsh, Carson, Anderson & Stowe XI, L.P.	Partnership/joint venture interests	6,125
	Westbrook Real Estate Fund X, L.P.	Partnership/joint venture interests	587,390
			<u>403,237,091</u>
	Marathon-London International-Group Trust Fund	103-12 investment entities	18,560,122
	Allsprings Funds Trust Total Return	Registered investment companies	45,783,473
	Artisan International Value Fund - Institutional Shares	Registered investment companies	24,199,500
	Interests in exchange traded funds (Palmer Square Ultra-Short Duration Investment Grade Fund LLC)	Registered investment companies	28,032
	Vanguard FTSE Developed Markets ETF	Registered investment companies	15,638,670
	Vanguard Intermediate-Term Treasury Index Fund	Registered investment companies	43,734,882
	Vanguard Intl Equity Index FDS FTSE EMR MKT ETF	Registered investment companies	22,955,481
	Vanguard Russell 3000 Index Fund	Registered investment companies	97,307,289
	Vanguard Total World Stock Index Fund	Registered investment companies	45,437,782
	Vanguard Value Index Fund	Registered investment companies	14,564,404
			<u>309,649,513</u>
	Anchorage Capital Partners Offshore, Ltd.	Other	2,875,101
	Camber Capital Offshore Fund, Ltd.	Other	21,640,675
	Centerbridge Credit Partners TE, Ltd.	Other	123,117
	Charles-Lim AsiaGlobal Limited	Other	7,271,472
	D1 Capital Partners Offshore LP	Other	18,867,595
	Davidson Kempner Institutional Partners, L.P.	Other	22,480,814
	Diameter Offshore Fund LP	Other	24,804,509
	Durable Capital Offshore Fund Ltd.	Other	15,904,431
	Himalaya Capital Investors (Offshore), L.P.	Other	12,346,650
	Hudson Bay International Fund Ltd.	Other	22,593,720
	Interest in limited liabilities companies (Luxor Capital Partners Offshore Liquidating SPV, Ltd.)	Other	419,765
	Interests in asset backed securities (Palmer Square Ultra-Short Duration Investment Grade Fund LLC)	Other	18,763,311
	Junto Offshore Fund Ltd.	Other	24,593,020

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name	<u>Sidley Austin Master Pension Trust</u>	EIN:	<u>04-3004856</u>
Plan Sponsor's Name	<u>Sidley Austin LLP</u>	PN:	<u>013</u>

<u>(a)</u>	<u>(b) Identity of issue</u>	<u>(c) Description of investment</u>	<u>(e) Current value</u>
	King Street Capital, Ltd.	Other	144,218
	Lindsell Train Global Equity LLC	Other	18,971,250
	Nitorum Offshore Fund, Ltd.	Other	11,876,190
	Overlook Partners Fund, L.P. (The)	Other	15,728,660
	RA Capital Healthcare International Fund, Ltd.	Other	12,182,200
	Ryder Court Int'l Select Fund	Other	23,073,873
	Viking Global Equities III Ltd.	Other	28,912,568
	VVP All Cap Fund, LLC	Other	16,449,279
	Whale Rock Flagship Fund LTD.	Other	2,414,474
			<u>322,436,892</u>
	TOTAL INVESTMENTS		<u>\$ 1,108,028,037</u>

Attachment to 2024 Form 5500
Schedule H, line 4j - Schedule of Reportable Transactions

Plan Name Sidley Austin Master Pension Trust
Plan Sponsor's Name Sidley Austin LLP

EIN: 04-3004856
PN: 013

Single Transactions in Excess of 5%

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Northern Institutional Treasury Portfolio	Interest-bearing cash	58,198,124	-	58,198,124	58,198,124	-

Series of Transactions by Issue in Excess of 5%

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Northern Institutional Treasury Portfolio	Interest-bearing cash	434,969,617	-	434,969,617	434,969,617	-
Northern Institutional Treasury Portfolio	Interest-bearing cash	-	458,499,301	458,499,301	458,499,301	-
Vanguard Russell 3000 Index Fund	Registered investment companies	64,530,266	-	64,530,266	64,530,266	-