

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: JONES DAY DEFINED BENEFIT MASTER TRUST
1b Three-digit plan number (PN): 007
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): JONES DAY
2b Employer Identification Number (EIN): 34-6556769
2c Plan Sponsor's telephone number: 216-586-3939
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 rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan JONES DAY DEFINED BENEFIT MASTER TRUST</p>	<p>B Three-digit plan number (PN) ▶ 007</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 JONES DAY</p>	<p>D Employer Identification Number (EIN) 34-6556769</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	451281	3653	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	53918055

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 JONES DAY DEFINED BENEFIT MASTER TRUST	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 JONES DAY	D Employer Identification Number (EIN) 34-6556769	

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

AMERICAN SECURITIES

47-1836594

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

AMERICAN SECURITIES

37-1878729

(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

ARROWROOT CAPITAL MANAGEMENT, LLC **100 WILSHIRE BOULEVARD**
SUITE 1830
SANTA MONICA, CA 90401

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

ARROWSTREET CAPITAL
200 CLARENDON STREET
BOSTON, MA 02116

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

CEVIAN CAPITAL LIMITED

98-0374494

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

CEVIAN CAPITAL II GP LIMITED

98-0504656

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

ELLIOTT INVESTMENT MANAGEMENT L.P.

84-3339129

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

GOLDENTREE ASSET MANAGEMENT LP

13-4118850

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

HAMBLETON INC.

98-1466693

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

MESIROW FINANCIAL SERVICES, INC
353 NORTH CLARK STREET
CHICAGO, IL 60654

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

RTW ONSHORE FUND ONE, LP

27-1438912

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

THE VANGUARD GROUP

23-1945930

(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

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

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

MERCER

13-2834414

(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?
11 50	NONE	268459	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)

WELLINGTON TRUST COMPANY

04-2755549

(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 51	NONE	264834	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARBOURVEST PARTNERS, LLC

74-3130888

(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 51 52	NONE	148918	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

BLUE TORCH CREDIT OPPS FUND III LP

98-1675360

(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 51	NONE	109085	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(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 51	NONE	91499	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)

NORTHERN TRUST COMPANY

36-1561860

(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?
15 19 21 25 50 64	NONE	21114	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

NEXUS SPECIAL SITUATIONS IV LP

92-3616686

(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 51 52	NONE	20064	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)

KAYNE ANDERSON

61-1756259

(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 51 52	NONE	19309	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	458431	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CARLYLE INVESTMENT MANAGEMENT LLC

52-1988385

(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 51	NONE	388	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

OGAM, LTD.

130 ADELAIDE STREET, WEST, STE 3000
TORONTO, ONTARIO M5H3P5 CA

(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 51	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	26376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

A Name of plan <u>JONES DAY DEFINED BENEFIT MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>007</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JONES DAY</u>	D Employer Identification Number (EIN) <u>34-6556769</u>
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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: PRINCIPAL U.S. PROPERTY SA-RL 40

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0217290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53918055</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL EQUITY CLASS 6A

b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY

c EIN-PN <u>57-1187281-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46292362</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF OPPORTUNISTIC FIXED INCOME

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA

c EIN-PN <u>04-0276748-076</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58632647</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC INSTITUTIONAL 500 INDEX TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN <u>81-6327546-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>216926772</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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	JONES DAY PENSION PLAN	
b Name of plan sponsor	JONES DAY	c EIN-PN 34-0319085-002

a Plan name	JONES DAY QUALIFIED DEFINED BENEFIT PLAN	
b Name of plan sponsor	JONES DAY	c EIN-PN 34-0319085-008

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JONES DAY DEFINED BENEFIT MASTER TRUST	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 JONES DAY	D Employer Identification Number (EIN) 34-6556769

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1006875	1176028
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10554825	7391639
(2) U.S. Government securities	1c(2)	34406400	43205623
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	33256512	35188752
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	242188591	282356667
(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)	241742264	321851781
(10) Value of interest in pooled separate accounts	1c(10)	54970508	53918055
(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)	384041014	374759712
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	39501218	43472920

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	1041668207	1163321177
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	1041668207	1163321177

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)	185801	
(B) U.S. Government securities.....	2b(1)(B)	1317036	
(C) Corporate debt instruments.....	2b(1)(C)	1727375	
(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)		3230212
(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)	9742790	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9742790
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	127793242	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	121868476	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		5924766
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-5697407	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-5697407

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	44033112
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	-1052453
(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)	15170800
c Other income	2c	44480695
d Total income. Add all income amounts in column (b) and enter total	2d	115832515

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)	654098
(6) Bank or trust company trustee/custodial fees	2i(6)	21115
(7) Actuarial fees	2i(7)	268459
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	57109
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1000781
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1000781

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	114831734
l Transfers of assets:		
(1) To this plan	2l(1)	45000000
(2) From this plan	2l(2)	38178764

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 _____.

CUSIP	IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	COST	CURRENT VALUE
00287YCB3	ABBVIE INC 4.25% DUE 11-21-2049 REG	140,118	117,253
00287YBDO	ABBVIE INC 4.875% DUE 11-14-2048	212,335	181,641
00287YDW6	ABBVIE INC 5.4% 03-15-2054	119,096	113,621
007589AB0	ADVOCATE HEALTH & HOSPS CORP 4.272% 08-15-2048	141,000	117,422
010392FR4	ALABAMA POWER CO 3.7% 12-01-2047	212,272	150,156
023135AQ9	AMAZON COM INC 4.95% DUE 12-05-2044	75,053	56,285
023135CA2	AMAZON COM INC NT 2.875% 05-12-2041	166,628	117,566
023135CJ3	AMAZON.COM INC 3.95% 04-13-2052	179,902	147,705
02765UCR3	AMERICAN MUN PWR OHIO INC REV 6.053% 02-15-2043 BEO TAXABLE	167,832	162,553
9954PK990	AMERICAN SECURITIES PARTNERS VII LP	1,632,199	3,722,051
9954PL998	AMERICAN SECURITIES PARTNERS VIII LP	4,563,167	4,764,009
031162BZ2	AMGEN INC 4.4% 05-01-2045	104,009	83,010
031162DT4	AMGEN INC 5.65% 03-02-2053	429,316	408,038
032095AS0	AMPHENOL CORP 5.375% 11-15-2054	165,843	160,973
03522AAJ9	ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046	438,470	394,090
036752AD5	ANTHEM INC 4.375% 12-01-2047	224,715	188,206
03740LAE2	AON CORP/AON GLOBAL HOLD AON 3.9% 02-28-2052	187,527	144,088
9954NR997	APOLLO EUROPEAN PRINCIPAL FINANCE FUND II (DOLLAR B), LP	1,162,960	101,809
037833BX7	APPLE INC 4.65% DUE 02-23-2046	297,943	243,799
038222AM7	APPLIED MATLS INC 4.35% DUE 04-01-2047	35,779	31,372
03835VAJ5	APTIV SWISS HOLDINGS LIMITED 3.1% 12-01-2051	308,036	296,463
9954PM996	ARROWROOT CAPITAL III LP	4,205,088	2,403,589
9954NS995	ARROWROOT CAPITAL III LP	2,102,544	1,201,795
04316JAP4	ARTHUR J GALLAGHER & CO 5.55% 02-15-2055	211,671	205,587
9954PQ997	ASP VIII Conair LP	777,995	650,342
9954PR995	ASP VIII CSE LP	210,276	286,561
995GNP994	ASP VIII NWN LP	230,482	259,283
9954PS993	ASP VIII SOLV LP	278,261	822,565
9954PT991	ASP VIII UPF LP	445,550	230,033
046353AZ1	ASTRAZENECA PLC NT 3% 05-28-2051	41,426	27,511
00206RKJ0	AT&T INC 3.5% DUE 09-15-2053 REG	102,374	69,393
00206RLJ9	AT&T INC 3.55% DUE 09-15-2055	254,502	181,497
00206RKA9	AT&T INC 3.65% DUE 06-01-2051	196,238	139,287
00206RLV2	AT&T INC 3.65% DUE 09-15-2059	313,606	241,074
00206RMN9	AT&T INC 3.8% 12-01-2057	199,253	142,416
06051GJW0	BANK AMER CORP 3.311% DUE 04-22-2042	308,432	253,746

06051GJE0	BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19-2020 REG	557,232	518,021
06051GGM5	BANK OF AMERICA CORPORATION 4.244% 04-24-2038	67,143	62,314
084659AR2	BERKSHIRE HATHAWAY FIXED 4.45% DUE 01-15-2049	252,345	237,096
055451AV0	BHP BILLITON FIN 5% DUE 09-30-2043	215,589	196,387
995870995	BLUE TORCH OFFSHORE CREDIT OPPORTUNITIESFUND III LP	4,275,000	4,732,199
995810991	BLUE TORCH OFFSHORE CREDIT OPPORTUNITIESFUND III LP	2,025,000	2,241,569
097023CW3	BOEING CO FIXED 5.805% DUE 05-01-2050	206,409	195,861
10373QBQ2	BP CAP MKTS AMER INC 3.379% 02-08-2061	140,202	92,602
110122DL9	BRISTOL MYERS FIXED 4.55% DUE 02-20-2048	44,767	39,164
110122EK0	BRISTOL MYERS SQUIBB CO 5.55% 02-22-2054	103,351	98,978
12189LBL4	BURLINGTON NORTHERN SANTA FE LLC 5.5% 03-15-2055	131,469	128,101
12189LBH3	BURLINGTON NORTHN SANTA FE LLC 2.875% 06-15-2052	162,493	106,602
12189LBJ9	BURLINGTON NORTHN SANTA FE LLC 4.45% DUE01-15-2053 BEO	61,657	52,007
12189LAS0	BURLINGTON NORTHN SANTA FE LLC 4.9 DUE 04-01-2044 REG	284,573	279,730
13034VAD6	CALIFORNIA INSTITUTE OF TECHNOLOGY 3.65%09-01-2119	94,521	56,015
13063A5E0	CALIFORNIA ST 7.5% 04-01-2034 BEO TAXABLE	399,933	325,145
13648TAHO	CANADIAN PAC RY CO 4.2% 11-15-2069	254,077	230,854
13645RBH6	CANADIAN PAC RY CO NEW 3.1% 12-02-2051	72,477	47,540
9954NK992	CARLYLE REALTY PARTNERS VI	605,867	346,483
9954NT993	CARLYLE REALTY PARTNERS VII	273,596	767,622
9957C4993	CARLYLE REALTY PARTNERS VII	413,025	1,158,115
9954NU990	CARLYLE REALTY PARTNERS VIII, LP	344,851	1,058,731
9954PU998	CARLYLE REALTY PARTNERS VIII, LP	1,031,513	3,176,201
9954NN996	CARTICA INVESTORS LP	1	37,495
9954NM998	CARTICA INVESTORS LP	1	17,352
149123CF6	CATERPILLAR INC FIXED 3.25% DUE 09-19-2049	186,647	135,569
136385AY7	CDN NAT RES LTD FIXED 4.95% DUE 06-01-2047	164,354	150,209
13645RAX2	CDN PAC RY CO NEW 6.125% DUE 09-15-2115	127,366	125,282
990760266	CF ARROWSTREET EMERGING MARKET TRUST FUND - CLASS A - 2023-01	17,500,000	21,186,633
991866799	CF ARROWSTREET EMERGING MARKET TRUST FUND - CLASS A - 2023-02	9,500,000	11,501,315
729999G14	CF CEVIAN CAPITAL II LTD CLASS AUSD3-2011 AUG	10,000,000	33,103,527
729999G30	CF CEVIAN CAPITAL II LTD CLASS AUSD3-2014 JUL	3,000,000	6,965,608
729999G55	CF CEVIAN CAPITAL II LTD CLASS AUSD3-2016 OCT	4,000,000	9,109,887
729999H21	CF ELLIOTT INTERNATIONAL LIMITED B INTL-0811	4,981,450	15,255,056
729999H62	CF ELLIOTT INTERNATIONAL LIMITED B INTL-0812	4,981,450	15,255,056
729999H47	CF ELLIOTT INTERNATIONAL LIMITED C INTL-0811	2,988,118	3,887,573
729999H88	CF ELLIOTT INTERNATIONAL LIMITED C INTL-0812	6,972,268	9,071,033
729999I12	CF GOLDENTREE CREDIT OPPORTUNITIES LTD CLASS 2022 SERIES 1	6,807,801	20,094,885

729999I38	CF GOLDENTREE CREDIT OPPORTUNITIES LTD CLASS 2022 SERIES 2	523,407	1,046,050
000839209	CF PRINCIPAL REAL ESTATE INV U.S. PROPERTY SEPARATE ACCT FD	51,121,471	53,918,055
41999FX08	CF WTC-CTF OPP FIXED INCOME ALLOCATION	65,986,705	58,632,647
161175BL7	CHARTER 5.375% 05-01-2047	555,110	483,965
161175BA1	CHARTER 6.484% DUE 10-23-2045	226,376	199,554
166764CA6	CHEVRON CORP NEW FIXED 3.078% DUE 05-11-2050	121,000	80,207
167560PL9	CHICAGO ILL MET WTR RECLAMATION DIST GTRCHICAGO 5.72% 12-01-2038 BEO TAXABLE	294,572	215,862
171232AS0	CHUBB CORP 6.5% DUE 05-15-2038	83,918	95,997
00440EAW7	CHUBB INA HOLDINGS 4.35% DUE 11-03-2045	110,607	96,375
125523CF5	CIGNA CORP NEW 4.8% DUE 07-15-2046 BEO	189,007	165,065
17275RBU5	CISCO SYS INC 5.3% 02-26-2054	73,443	71,012
17275RAD4	CISCO SYS INC SR NT 5.9 DUE 02-15-2039 REG	122,282	98,325
172967HA2	CITIGROUP INC 6.675% DUE 09-13-2043	104,181	93,378
172967EW7	CITIGROUP INC 8.125% DUE 07-15-2039	238,555	256,884
172967LJ8	CITIGROUP INC FLTG RT 4.281% DUE 04-24-2048	230,662	197,697
18600TAA0	CLEV CLINIC FNDTN 4.858% DUE 01-01-2114	90,606	64,953
20030NDS7	COMCAST CORP NEW 2.887% 11-01-2051 BEO	253,781	163,908
20030NDU2	COMCAST CORP NEW 2.937% 11-01-2056	113,928	85,285
20030NDW8	COMCAST CORP NEW 2.987% 11-01-2063	210,872	137,372
20030NBU4	COMCAST CORP NEW 3.4% DUE 07-15-2046	151,036	125,130
20030NDH1	COMCAST CORP NEW 3.75% DUE 04-01-2040	78,570	63,599
20030NCG4	COMCAST CORP NEW 4.049% DUE 11-01-2052	73,348	126,520
202795JG6	COMWLTH EDISON CO 4.35% DUE 11-15-2045	154,277	114,996
20826FBD7	CONOCOPHILLIPS CO FIXED 4.025% DUE 03-15-2062	287,421	201,851
209111GK3	CONSOLIDATED EDISON CO N Y INC 5.7% 05-15-2054	161,846	157,412
210518DH6	CONSUMERS ENERGY 3.5% DUE 08-01-2051	305,291	229,589
219350BL8	CORNING INC 5.85% DUE 11-15-2068	39,462	36,417
224044CC9	COX COMMUNICATIONS INC 144A 4.5 DUE 06-30-2043 BEO	231,193	215,397
126408HR7	CSX CORP 3.35% 09-15-2049	53,342	38,908
126408HY2	CSX CORP 4.9% 03-15-2055	87,890	78,862
231021AX4	CUMMINS INC 5.45% 02-20-2054	159,211	153,992
126650CY4	CVS HEALTH CORP 4.78% DUE 03-25-2038	72,530	63,996
126650CZ1	CVS HEALTH CORP 5.05% DUE 03-25-2048	82,247	70,101
126650CN8	CVS HEALTH CORP 5.125% DUE 07-20-2045	170,099	130,495
244199BK0	DEERE & CO FIXED 3.75% DUE 04-15-2050	184,707	145,429
25278XBA6	DIAMONDBACK ENERGY INC 5.75% 04-18-2054	198,322	186,172
254687FS0	DISNEY WALT CO 4.7% DUE 03-23-2050	143,015	127,941
995EL8999	DOVER STREET XI L.P.	1,932,902	2,591,885

Schedule H (Form 5500 - 4i)
 Schedule of Assets Held for Investment Purposes at End of Year

Jones Day
 Defined Benefit Master Trust

EIN 34-6556769 P/N 007
 As of December 31, 2024

995EL9997	DOVER STREET XI L.P.	1,159,741	1,555,134
9954NP991	DRIVE CAPITAL FUND I, LP	3,569,088	10,265,877
9954PV996	Drive Capital Fund II (TE), LP	5,478,763	12,585,090
9954NV998	Drive Capital Fund II (TE), LP	2,490,348	5,720,411
9954NW996	DRIVE CAPITAL FUND III LP	2,121,203	2,576,971
9954PW994	DRIVE CAPITAL FUND III LP	3,790,986	5,669,338
9954PX992	DRIVE CAPITAL OVERDRIVE FUND I, L.P	2,476,184	5,400,896
9954NX994	DRIVE CAPITAL OVERDRIVE FUND I, L.P	1,485,712	3,240,539
26441CBU8	DUKE ENERGY CORP 5% DUE 08-15-2052	439,259	418,673
9954NY992	ELEGAN TREE 2015 TACTICAL FUND LTD	23,839	1,804
9954PY990	ELEGAN TREE 2015 TACTICAL FUND LTD	31,032	2,398
995CUB996	EleganTree Opportunities Fund III LTD	2,418,152	2,470,819
995CVL993	EleganTree Opportunities Fund III LTD	1,145,441	1,170,389
036752BA0	ELEVANCE HEALTH INC 5.65% 06-15-2054	287,427	274,475
291011BS2	EMERSON ELEC CO 2.8% DUE 12-21-2051/12-21-2021 BEO	166,313	145,482
29273RAT6	ENERGY TRANSFER 5.15% DUE 02-01-2043	73,703	67,968
29278NAR4	ENERGY TRANSFER OPER L P 5.0% 05-15-2050	212,647	205,591
29364GAK9	ENTERGY CORP NEW 3.75% DUE 06-15-2050	117,096	84,476
29379VBJ1	ENTERPRISE PRODS FIXED 4.9% DUE 05-15-2046	419,224	391,748
29379VBU6	ENTERPRISE PRODS OPER LLC 4.8% 02-01-2049	91,948	81,012
30231GBM3	EXXON MOBIL CORP 3.452% DUE 04-15-2051 REG	84,492	63,185
30231GAW2	EXXON MOBIL CORP 4.114% DUE 03-01-2046	241,301	198,123
3137FNGY0	FHLMC MULTICLASS SER 004910 CL LZ 3 09-25-2049	174,641	102,099
3137FQEX7	FHLMC MULTICLASS SER 004938 CL CB 3 12-25-2049	176,610	135,335
341081FC6	FL PWR & LT CO 5.69% DUE 03-01-2040	279,173	281,815
341081GV3	FLORIDA POWER & LIGHT COMPANY 5.6% 06-15-2054	149,624	147,974
38141EC31	GOLDMAN SACHS 4.8% DUE 07-08-2044	86,499	61,047
38148LAF3	GOLDMAN SACHS 5.15% DUE 05-22-2045	239,434	222,323
38141GGM0	GOLDMAN SACHS 6.25% DUE 02-01-2041	267,587	275,959
38141GYC2	GOLDMAN SACHS GROUP INC 3.21% DUE 04-22-2042 BEO	117,598	109,447
38148YAA6	GOLDMAN SACHS GROUP INC 4.017% 10-31-2038	57,575	60,991
404121AL9	HCA INC 5.95% 09-15-2054	178,095	165,754
42218SAH1	HLTH CARE SVC CORP 3.2% DUE 06-01-2050	237,640	160,150
437076CD2	HOME DEPOT INC 3.35% DUE 04-15-2050 REG	246,664	182,959
437076BS0	HOME DEPOT INC 3.9% DUE 06-15-2047	207,273	147,965
438516CT1	HONEYWELL INTERNATIONAL INC 5.25% 03-01-2054	316,672	295,509
458140CB4	INTEL CORP 4.9% 08-05-2052	97,168	79,864
458140BX7	INTEL CORP SR NT 3.2% 08-12-2061	55,773	30,442

45866FAH7	INTERCONTINENTAL 4.25% DUE 09-21-2048	66,523	54,422
45866FAL8	INTERCONTINENTAL EXCHANGE INC 3.0% DUE 06-15-2050 BEO	45,636	29,546
9954PA992	JFL EQUITY INVESTORS IV, LP	6,430	398,772
9954QA991	JFL EQUITY INVESTORS IV, LP	11,940	740,563
46625HJB7	JPMORGAN CHASE & 5.6% DUE 07-15-2041	305,211	249,378
46647PAL0	JPMORGAN CHASE & CO 3.964% 11-15-2048	359,584	368,569
46625HHF0	JPMORGAN CHASE & CO FORMERLY J P MORGAN NT 6.4 DUE 05-15-2038 BEO	190,912	159,407
9954QB999	KAYNE ANDERSON ENERGY FUND VII, LP	2,351,075	992,628
9954PB990	KAYNE ANDERSON ENERGY FUND VII, LP	1,679,344	709,023
9954QC997	KAYNE PRIVATE ENERGY INCOME FUND II, LP	3,376,212	4,404,561
9954PC998	KAYNE PRIVATE ENERGY INCOME FUND II, LP	1,446,947	1,887,672
9954PD996	KAYNE PRIVATE ENERGY INCOME FUND II-B	1,476,742	2,172,439
9954QD995	KAYNE PRIVATE ENERGY INCOME FUND II-B	3,445,732	5,069,029
995J24998	KAYNE PRIVATE ENERGY INCOME FUND III, LP	350,000	378,238
995J22992	KAYNE PRIVATE ENERGY INCOME FUND III, LP	650,000	702,441
995MJ1999	KEPE CONTINUATION FUND I, L.P.	429,150	443,228
995MJ2997	KEPE CONTINUATION FUND I, L.P.	600,811	620,520
494550BH8	KINDER MORGAN 6.375% DUE 03-01-2041	126,798	129,862
49456BAJ0	KINDER MORGAN INC 5.05% DUE 02-15-2046	220,203	178,420
482480AM2	KLA CORP 4.95% 07-15-2052	61,842	56,435
482480AH3	KLA CORP 5% DUE 03-15-2049	108,537	93,786
501044DK4	KROGER CO 4.65% 01-15-2048	230,767	197,652
502431AV1	L3HARRIS TECHNOLOGIES INC 5.5% 08-15-2054	172,133	166,435
532457CN6	LILLY ELI & CO 5.1% 02-09-2064	241,022	219,754
539830BL2	LOCKHEED MARTIN 4.7% DUE 05-15-2046	268,021	219,299
548661EB9	LOWE'S COMPANIES FIXED 3.5% DUE 04-01-2051	62,860	43,035
548661DN4	LOWES COS INC 3.7% DUE 04-15-2046	128,109	97,805
548661EN3	LOWES COS INC FIXED 5.8% DUE 09-15-2062	314,288	314,670
56585AAF9	MARATHON PETE CORP 6.5% DUE 03-01-2041	106,223	93,306
570535AY0	MARKEL GROUP INC 6.0% 05-16-2054	199,306	195,687
571748BH4	MARSH & MCLENNAN COS INC 4.75% 03-15-2039	275,595	272,275
573284BB1	MARTIN MARIETTA MATERIALS INC 5.5% 12-01-2054	212,358	206,905
58013MFC3	MCDONALDS CORP 4.45% DUE 03-01-2047 REG	87,856	73,937
58013MFK5	MCDONALDS CORP MEDIUM TERM NTS BOOK 3.625% DUE 09-01-2049	87,014	77,248
9954QE993	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-A LP	11,371,128	12,488,928
9954PE994	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-A LP	4,422,104	4,856,824
9954PF991	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-B, LP	4,485,000	4,898,153
9954QF990	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-B, LP	8,970,000	9,796,284

59156RCCO	METLIFE INC 5.0% 07-15-2052	202,326	184,014
59156RBL1	METLIFE INC STEP CPN 4.721% DUE 12-15-2044	230,674	226,239
25264S684	MFO DIAMOND HILL FDS SMALL MID CAP FD CLY	43,523,565	51,045,635
362008310	MFO GMO BENCHMARK-FREE ALLOC FD CL III	42,156,171	41,034,031
48019X105	MFO JONES DAY DEFINED BENEFIT MASTER TR VG FIDUCIARY TR CO INSTL 500 INDEX TR	86,196,914	216,926,772
55283U766	MFO MFS HERITAGE TR CO COLLECTIVE INVT TR INTL EQUITY FD CL 6A	48,865,547	46,292,362
77958B204	MFO ROWE T PRICE INSTL INCOME FDS INC HIGH YIELD	33,192,967	31,431,882
45775L101	MFO T ROWE PRICE MID-CAP EQTY GROWTH FD #116	53,918,943	51,769,603
92206J206	MFO VANGUARD DEVELOPED MARKETS INDEX INSTL PLUS	47,248,233	43,755,213
922042601	MFO VANGUARD EMERGING MARKETS STK INDEX INSTL	33,370,039	34,345,011
92206C698	MFO VANGUARD RUSSELL 1000 VALUE INDEX FDINSTL SHS	78,925,489	90,161,953
921908869	MFO VANGUARD SPECIALIZED FUNDS REAL ESTATE INDEX FD INSTL SHS	33,129,449	31,216,384
594712WY3	MICHIGAN ST UNIV REVS 4.165% 08-15-2122	74,000	54,510
594918CE2	MICROSOFT CORP 2.921% 03-17-2052 USD	416,044	288,359
59562VAM9	MIDAMERICAN ENERGY 6.125% DUE 04-01-2036	366,165	344,183
595620AZ8	MIDAMERICAN ENERGY CO 5.3% 02-01-2055	119,313	111,648
615369AQ8	MOODY'S CORPORATION 4.875% 12-17-2048 BEO	157,885	143,336
61747YDY8	MORGAN STANLEY 4.3% DUE 01-27-2045	398,554	331,647
61747YFV2	MORGAN STANLEY FIXED 5.516% 11-19-2055	79,000	76,301
55336VAT7	MPLX LP 5.5% DUE 02-15-2049	221,167	226,173
626207YF5	MUNICIPAL ELEC AUTH GA 6.637% 04-01-2057BEO TAXABLE	192,076	154,712
649322AE4	NEW YORK & 4.763% DUE 08-01-2116	133,387	96,324
650035TD0	NEW YORK ST URBAN DEV CORP REV 5.77% 03-15-2039 BEO TAXABLE	275,734	277,714
995MEY992	NEXUS SPECIAL SITUATIONS IV LP CA	337,086	448,424
995MEZ999	NEXUS SPECIAL SITUATIONS IV LP CA	181,508	241,459
655844BQ0	NORFOLK SOUTHN 4.45% DUE 06-15-2045	118,759	97,374
655844CB2	NORFOLK SOUTHN 5.1% DUE 08-01-2118	101,802	86,794
655844BX5	NORFOLK SOUTHN FIXED 3.942% DUE 11-01-2047	193,270	142,383
665772CV9	NORTHERN STS PWR CO MINN 4.5% DUE 06-01-2052 BEO	181,688	167,287
665772CJ6	NORTHN STS PWR CO 3.4 DUE 08-15-2042	97,900	83,598
666807BJ0	NORTHROP GRUMMAN CORP 3.85% DUE 04-15-2045	276,958	221,459
666807CJ9	NORTHROP GRUMMAN CORP 4.95% 03-15-2053	79,462	74,197
67021CAT4	NSTAR ELEC CO FIXED 4.95% DUE 09-15-2052	149,522	157,061
66586U452	NT COLLECTIVE SHORT TERM INVT FD	7,391,639	7,391,639
674599DG7	OCCIDENTAL PETE CORP SR NT 0% DUE 10-10-2036 REG	228,361	360,145
68233JCM4	ONCOR ELEC FIXED 4.95% DUE 09-15-2052	104,063	107,365
68389XCA1	ORACLE CORP 3.95% DUE 03-25-2051	396,919	330,625
68389XBQ7	ORACLE CORP 4% 11-15-2047	176,826	192,249

68389XBJ3	ORACLE CORP 4% DUE 07-15-2046	102,319	77,040
708696BV0	PA ELEC CO 6.15% DUE 10-01-2038	183,791	156,297
695114CX4	PACIFICORP FIXED 3.3% DUE 03-15-2051	127,937	84,069
693304BD8	PECO ENERGY CO FIXED 4.6% DUE 05-15-2052	286,547	252,616
9954NQ999	PERELLA WEINBERG PARTNERS ABV OPPTY OFFSHORE FD III B	2,315,696	1,077,071
717081EU3	PFIZER INC FIXED 3.9% 03-15-2039	67,811	54,880
693342AE7	PG&E WILDFIRE 4.674% DUE 12-01-2053	223,182	208,948
693342AD9	PG&E WILDFIRE FIXED 4.451% DUE 12-01-2047	224,480	212,205
718547AM4	PHILLIPS 66 CO 4.68% 02-15-2045	339,755	295,313
720186AM7	PIEDMONT NAT GAS FIXED 3.35% DUE 06-01-2050	155,881	103,777
69351UAS2	PPL ELEC UTILS 4.125% DUE 06-15-2044	296,426	224,735
74432QAQ8	PRUDENTIAL FINL INC MEDIUM TERM NTS BOOKTRANCHE # TR 00015 5.7 DUE 121436	413,623	348,120
74456QBV7	PUBLIC SERVICE ELECTRIC 4.05% DUE 05-01-2048	146,250	131,319
69363PAC4	PUBLIC SERVICE NEW HAMPSHIRE FDG 3.814% 02-01-2035	248,922	232,431
034863BC3	PVTPL ANGLO AMERN CAP PLC 4.75% 03-16-2052	196,546	167,070
05523RAC1	PVTPL BAE SYS PLC NT 5.8 DUE 10-11-2041 BEO	293,541	271,932
09256BAM9	PVTPL BLACKSTONE HLDGS FIN L L C SR NT 144A 3.5% DUE 09-10-2049/09-10-2019 BEO	51,102	38,929
11135FBG5	PVTPL BROADCOM INC 3.75% DUE 02-15-2051	264,794	224,414
11135FBJ9	PVTPL BROADCOM INC SR NT 3.5% 02-15-2041/01-19-2021	163,244	139,846
14310FAA0	PVTPL CARLYLE HLDGS II FIN L L C SR NT 144A 5.625% DUE 03-30-2043 BEO	125,298	120,478
224044BY2	PVTPL COX COMMUNICATIONS INC NEW NT 144A 4.7% DUE 12-15-2042 BEO	25,200	20,877
12661PAE9	PVTPL CSL FINANCE PLC 4.75% DUE 04-27-2052 BEO	189,967	165,845
126659AA9	PVTPL CVS LEASE BACKED PASS THRU CTF 8.353% DUE 07-10-2031	152,421	123,737
49338CAA1	PVTPL KEYSpan GAS EAST CORP CORPBOND 5.819% DUE 04-01-2041 BEO	215,368	188,159
48250AAA1	PVTPL KKR GROUP FIN CO III LLC SR NT 144A 5.125 DUE 06-01-2044/05-29-2014 BEO	240,257	213,054
575767AQ1	PVTPL MASSACHUSETTS MUT LIFE INS CO SURPLUS NT 3.375% 04-15-2050	72,383	50,146
638671AN7	PVTPL NATIONWIDE MUT INS CO 4.35% DUE 04-30-2050/04-30-2020 BEO	99,767	74,886
64952GAT5	PVTPL NEW YORK LIFE INS CO 3.75% DUE 05-15-2050	174,076	131,065
72703PAG8	PVTPL PLANET FITNESS MASTER ISSUER L SER 24-1A CLA2 II 6.237% 06-05-2054	176,558	175,738
82620KAF0	PVTPL SIEMENS FINANCIERINGSMAATSCHAPPIJ N V NT 4.4% 05-27-2045 BEO	315,640	276,570
95058XAH1	PVTPL WENDYS FDG LLC 2019-1 SR SECD NT CL A-2-II 144A 4.08% DUE 06-15-2049 BEO	154,619	145,280
95058XAL2	PVTPL WENDYS FDG LLC SER 21-1 CL A-2-II 2.775% 06-15-2051	119,659	101,803
98417EAN0	PVTPL XSTRATA FIN CDA LTD NT 6 DUE 11-15-2041 BEO	325,220	328,058
767201AL0	RIO TINTO FIN USA 5.2 DUE 11-02-2040	131,158	136,080
76913CBF5	RIVERSIDE CNTY CALIF PENSION OBLIG 3.818% 02-15-2038 BEO TAXABLE	196,069	178,533
775109BB6	ROGERS 5% DUE 03-15-2044	257,768	218,957
775109AX9	ROGERS COMMUNICATIONS INC 4.5 DUE 03-15-2043	81,465	56,511
775109CK5	ROGERS COMMUNICATIONS INC 4.55% 03-15-2052	128,983	107,355

9954QG998	RTW ONSHORE FUND ONE LP	13,500,000	19,089,894
9954PG999	RTW ONSHORE FUND ONE LP	7,000,000	9,944,818
913017CX5	RTX CORPORATION 4.625% 11-16-2048	339,652	296,081
797440BY9	SAN DIEGO GAS & FIXED 3.32% DUE 04-15-2050	89,745	55,461
816851BJ7	SEMPRA 4% DUE 02-01-2048	165,739	127,203
816851AP4	SEMPRA 6% DUE 10-15-2039	193,635	203,950
822905AH8	SHELL FINANCE US INC 3.75% 09-12-2046	92,355	86,493
822582CL4	SHELL INTL FIN B V 3% DUE 11-26-2051	109,478	74,182
822582AD4	SHELL INTL FIN B V 6.375% DUE 12-15-2038	198,938	217,751
828807CZ8	SIMON PPTY GROUP L 4.25% DUE 11-30-2046	170,871	142,906
828807DV6	SIMON PROPERTY GROUP L.P. 5.85% DUE 03-08-2053	313,141	314,827
833034AL5	SNAP ON INC 4.1% DUE 03-01-2048	176,646	145,008
864300AL2	SUBWAY FDG LLC 5.914% DUE 07-30-2054	308,000	300,771
86765BAP4	SUNOCO LOGISTICS 5.3% DUE 04-01-2044	119,924	110,117
9954QH996	Taiga Special Opportunities DAC (A-I)	5,637,461	5,329,319
9954PH997	Taiga Special Opportunities DAC (A-I)	2,952,956	2,791,547
9954PJ993	Taiga Special Opportunities DAC (A-II)	3,000,000	3,240,664
9954QJ992	Taiga Special Opportunities DAC (A-II)	5,000,000	5,401,109
874060AZ9	TAKEDA PHARMACEUTICAL CO LTD SR NT 3.175% 07-09-2050	122,128	129,822
882926AA6	TEXAS INSTRUMENTS INC 5.05% DUE 05-18-2063	169,045	153,457
87264ADB8	T-MOBILE USA INC 5.75% 01-15-2054	248,758	250,665
87264ACW3	T-MOBILE USA INC FIXED 5.65% DUE 01-15-2053	181,584	176,547
893574AM5	TRANSCONT GAS PIPE LINE 4.6% DUE 03-15-2048	229,003	206,335
88258MAB1	TX NAT GAS SECURITIZATION FIN CORP 5.169% 04-01-2041	194,413	189,079
90353TAQ3	UBER TECHNOLOGIES INC 5.35% 09-15-2054	212,935	197,141
907818FT0	UNION PAC CORP 3.2% DUE 05-20-2041	131,649	104,872
907818FK9	UNION PAC CORP 3.25% DUE 02-05-2050	63,432	41,024
907818FD5	UNION PAC CORP 3.55% DUE 08-15-2039	102,706	83,627
911312CA2	UNITED PARCEL SVC INC 5.05% 03-03-2053	166,495	153,342
912803DM2	UNITED STATES GOV NATL TREAS BD STRIPPEDPRIN PMT 4.375 05-15-2040	1,801,848	1,983,182
912810SZ2	UNITED STATES OF AMER TREAS BONDS 2.0% 08-15-2051	2,198,926	1,270,291
912810TJ7	UNITED STATES OF AMER TREAS BONDS 3% DUE 08-15-2052	3,733,674	3,151,547
912810TK4	UNITED STATES OF AMER TREAS BONDS 3.375% DUE 08-15-2042 REG	3,592,715	3,268,282
912810TR9	UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053	702,883	618,866
912810TU2	UNITED STATES OF AMER TREAS BONDS 4.375% 08-15-2043	3,527,795	3,545,365
912810TZ1	UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044	422,439	410,852
912810TT5	UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053	3,255,617	3,140,363
91282CLW9	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034	670,297	668,314

Schedule H (Form 5500 - 4i)
 Schedule of Assets Held for Investment Purposes at End of Year

Jones Day
 Defined Benefit Master Trust

EIN 34-6556769 P/N 007
 As of December 31, 2024

912803ED1	UNITED STATES TREAS BD STRIPPED PRIN PMT00098 08-15-2043 (UNDDATE) REG	1,312,262	1,206,238
912810RT7	UNITED STATES TREAS BDS 2.25% DUE 08-15-2046	1,954,577	1,781,496
912810SR0	UNITED STATES TREAS BDS 1.125% 05-15-2040 REG	2,245,058	1,366,877
912810SN9	UNITED STATES TREAS BDS 1.25% DUE 05-15-2050	972,359	674,975
912810SU3	UNITED STATES TREAS BDS 1.875% DUE 02-15-2051 REG	1,674,561	1,008,925
912810SW9	UNITED STATES TREAS BDS 1.875% DUE 02-15-2041 REG	522,620	366,875
912810TD0	UNITED STATES TREAS BDS 2.0% 02-15-2052	3,683,356	3,127,820
912810SA7	UNITED STATES TREAS BDS 3.0% DUE 02-15-2048	3,181,174	2,292,594
912810UB2	UNITED STATES TREAS BDS 4.625% 05-15-2044	7,746,282	7,193,114
912810SQ2	UNITED STATES TREAS BDS DTD 00271 1.125%DUE 08-15-2040	693,190	445,953
912810SP4	UNITED STATES TREAS BDS DTD 08/15/2020 1.375% 08-15-2050	1,428,705	746,023
91324PES7	UNITEDHEALTH GROUP 5.875% DUE 02-15-2053	26,282	23,094
91324PEK4	UNITEDHEALTH GROUP INC 4.75% 05-15-2052	100,484	87,545
91412GC86	UNIVERSITY CALIF REVS 4.767% 05-15-2115 BEO TAXABLE	238,886	174,509
912810SL3	US TREASURY N/B 2% DUE 02-15-2050 REG	46,447	22,686
912810UC0	US TREASURY N/B 4.25% 08-15-2054	2,294,500	2,061,143
912803HD8	UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15-2054	253,107	233,573
92345YAG1	VERISK ANALYTICS FIXED 3.625% DUE 05-15-2050	110,564	80,050
92343VFD1	VERIZON 4% DUE 03-22-2050	86,000	65,373
92343VGK4	VERIZON COMMUNICATIONS 3.4% DUE 03-22-2041 BEO	229,005	171,866
92343VGB4	VERIZON COMMUNICATIONS 3.55% DUE 03-22-2051 BEO	100,472	74,320
92343VGC2	VERIZON COMMUNICATIONS 3.7% DUE 03-22-2061 BEO	468,092	353,857
927804FP4	VIRGINIA ELEC & PWR CO 4.65 DUE 08-15-2043	384,945	329,169
92826CAE2	VISA INC 4.15% DUE 12-14-2035	235,959	186,684
55903VBD4	WARNERMEDIA HOLDINGS INC. 5.05% 03-15-2042	183,509	152,236
94974BGK0	WELLS FARGO & CO 3.9% DUE 05-01-2045	181,430	136,766
95000U2M4	WELLS FARGO & CO MEDIUM TERM 5.013% 04-04-2051	409,026	328,901
912810TS7	WI TREASURY SEC 3.875% 05-15-2043	688,715	650,218
976656CT3	WISCONSIN ELEC PWR CO 5.05% 10-01-2054	212,812	194,763
98389BAN0	XCEL ENERGY INC 4.8% DUE 09-15-2041	257,389	223,285
98420EAB1	XLIT LTD 5.25 12-15-2043	125,064	129,872

Reconciliation to Schedule H - 4i	
Per Above	1,162,145,149
Accrued Income	1,176,028
Cash	0
	<u>1,163,321,177</u>