

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/13/2023

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: MONDRIAN EMERGING MARKETS EQUITY PARALLEL FUND, L.P.
1b Three-digit plan number (PN): 006
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): MONDRIAN INVESTMENT GROUP US, INC.
2b Employer Identification Number (EIN): 20-3844853
2c Plan Sponsor's telephone number: 302-428-3839
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include entries for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2023) v. 230707

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

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

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

|  |  |
|--|--|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|   |  |
|---|--|
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/13/2023**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>MONDRIAN EMERGING MARKETS EQUITY PARALLEL FUND, L.P.</b>                       | <b>B</b> Three-digit plan number (PN) ▶                            | <b>006</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MONDRIAN INVESTMENT GROUP US, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-3844853</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>MONDRIAN INVESTMENT GROUP US, INC.</b>   |
| <b>1100 N. MARKET STREET, 4TH FLOOR<br/>SUITE 4001<br/>WILMINGTON, DE 19890</b>                                   |

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

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

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

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

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

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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)

THE NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 50                  | NONE  | 46670  | 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)

DELOITTE TAX LLP

86-1065772

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 37269  | 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)

DELOITTE & TOUCHE LLP

13-3891517

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 9979   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

WINSTON AND STRAWN LLP

36-1975990

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50                  | NONE  | 7937   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/13/2023

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>MONDRIAN EMERGING MARKETS EQUITY PARALLEL FUND, L.P.</u>                              | <b>B</b> Three-digit plan number (PN)                              | <u>006</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MONDRIAN INVESTMENT GROUP US, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-3844853</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                      |   |
|---|----------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

|                               |  |                                |
|-------------------------------|--|--------------------------------|
| <b>a</b> Plan name            | STAR TRIBUNE RETIREMENT PLANS MASTER TRUST |                                |
| <b>b</b> Name of plan sponsor | STAR TRIBUNE MEDIA COMPANY LLC, C/O HR     | <b>c</b> EIN-PN 80-0481962-022 |

|                               |                                 |                                |
|-------------------------------|---------------------------------|--------------------------------|
| <b>a</b> Plan name            | MUFG UNION BANK RETIREMENT PLAN |                                |
| <b>b</b> Name of plan sponsor | MUFG UNION BANK                 | <b>c</b> EIN-PN 94-0304228-016 |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|                               |  |                 |
|-------------------------------|--|-----------------|
| <b>a</b> Plan name            |  |                 |
| <b>b</b> Name of plan sponsor |  | <b>c</b> EIN-PN |

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/13/2023</b>   |  |
| <b>A</b> Name of plan<br><b>MONDRIAN EMERGING MARKETS EQUITY PARALLEL FUND, L.P.</b>                       | <b>B</b> Three-digit plan number (PN) ▶ <b>006</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MONDRIAN INVESTMENT GROUP US, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>20-3844853</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets   | (a) Beginning of Year    | (b) End of Year       |
|--|--------------------------|-----------------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b> 20934          | <b>1a</b> 4322        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                          |                       |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>             |                       |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>             |                       |
| <b>(3)</b> Other .....   | <b>1b(3)</b> 390915      | <b>1b(3)</b> 19429877 |
| <b>c</b> General investments:  |                          |                       |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b> 1284805     | <b>1c(1)</b> 464515   |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>             |                       |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                          |                       |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>          |                       |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b>          |                       |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                          |                       |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> 3737473  | <b>1c(4)(A)</b> 0     |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> 71271711 | <b>1c(4)(B)</b> 0     |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>             |                       |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>             |                       |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>             |                       |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>             |                       |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>             |                       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>            |                       |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>            |                       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>            |                       |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>            |                       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>            |                       |
| <b>(15)</b> Other .....  | <b>1c(15)</b> 129        | <b>1c(15)</b> 0       |

| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities .....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property .....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 76705967                     | 19898714               |
| <b>Liabilities</b>  |              |                              |                        |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables .....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities .....  | <b>1j</b>    | 5764831                      | 19898714               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 5764831                      | 19898714               |
| <b>Net Assets</b>   |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 70941136                     | 0                      |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> |                   |                  |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> |                   |                  |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 0                |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 35554             |                  |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   |                  |
| <b>(2) Dividends:</b>  |                 |                   |                  |
| <b>(A)</b> Preferred stock .....   | <b>2b(2)(A)</b> | 86984             |                  |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> | 1658748           |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   |                  |
| (3) Rents .....  | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds .....  | <b>2b(4)(A)</b> | 101323764         |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> | 110612154         |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |                   |                  |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |                   |                  |
| <b>(A)</b> Real estate .....   | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> | 12359545          |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|  |               | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income.....   | <b>2c</b>     |            | -173337   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....        | <b>2d</b>     |            | 4679104   |

**Expenses**

|  |               |       |        |
|--|---------------|-------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |       |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  |       |        |
| (2) To insurance carriers for the provision of benefits.....                               | <b>2e(2)</b>  |       |        |
| (3) Other.....   | <b>2e(3)</b>  |       |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |       | 0      |
| <b>f</b> Corrective distributions (see instructions).....                                  | <b>2f</b>     |       |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |       |        |
| <b>h</b> Interest expense.....   | <b>2h</b>     |       |        |
| <b>i</b> Administrative expenses:  |               |       |        |
| (1) Salaries and allowances.....   | <b>2i(1)</b>  |       |        |
| (2) Contract administrator fees.....   | <b>2i(2)</b>  |       |        |
| (3) Recordkeeping fees.....  | <b>2i(3)</b>  |       |        |
| (4) IQPA audit fees.....   | <b>2i(4)</b>  | 15294 |        |
| (5) Investment advisory and investment management fees.....                                | <b>2i(5)</b>  |       |        |
| (6) Bank or trust company trustee/custodial fees.....                                      | <b>2i(6)</b>  | 71528 |        |
| (7) Actuarial fees.....  | <b>2i(7)</b>  |       |        |
| (8) Legal fees.....  | <b>2i(8)</b>  | 12165 |        |
| (9) Valuation/appraisal fees.....  | <b>2i(9)</b>  |       |        |
| (10) Other trustee fees and expenses.....  | <b>2i(10)</b> |       |        |
| (11) Other expenses.....   | <b>2i(11)</b> | 2868  |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |       | 101855 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |       | 101855 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 4577249  |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan.....   | <b>2l(1)</b> |  | 1322     |
| (2) From this plan.....   | <b>2l(2)</b> |  | 75519707 |

**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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|   | Yes | No | Amount |
|---|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                |     |    |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....   |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   |     |    |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     |    |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....   |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....   |     | X  |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....   |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....   |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....  |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**Mondrian Emerging Markets Equity  
Parallel Fund, L.P.**

**(A Delaware Limited Partnership)**

Financial Statements

As of and for the period from January 1, 2023 to December 13,  
2023 (In Liquidation), and Independent Auditor's Report

## **INDEPENDENT AUDITOR'S REPORT**

To Mondrian Emerging Markets Equity Parallel Fund, L.P.:

### **Opinion**

We have audited the financial statements of Mondrian Emerging Markets Equity Parallel Fund, L.P. (a Delaware Limited Partnership) (the "Fund"), which comprise the statement of assets and liabilities in liquidation, and the related statements of operations in liquidation, and changes in net assets in liquidation for the period from January 1, 2023 to December 13, 2023, and the related notes to the financial statements in liquidation (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position (in liquidation) of the Fund as of December 13, 2023, and the results of its operations and changes in its net assets for the period from January 1, 2023 to December 13, 2023 in accordance with accounting principles generally accepted in the United States of America applied on the bases described in Note 2 to the financial statements.

### **Basis for Opinion**

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

### **Emphasis of Matter Regarding Liquidation Basis of Accounting**

As discussed in Note 2 to the financial statements, a decision was made to close the Fund on December 01, 2023 and on this date liquidation became imminent. As a result, the basis of accounting was changed from the going concern basis to the liquidation basis on December 01, 2023. Our opinion is not modified with respect to this matter.

### **Responsibilities of Management for the Financial Statements**

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

*Deloitte & Touche LLP*

March 28, 2024

# **Mondrian Emerging Markets Equity Parallel Fund, L.P.** **(A Delaware Limited Partnership)**

## **STATEMENT OF ASSETS AND LIABILITIES (IN LIQUIDATION)** **DECEMBER 13, 2023 (LAST VALUATION DATE)**

---

### ASSETS:

|  |    |                |
|--|----|----------------|
| Cash and cash equivalents                              | \$ | 464,515        |
| Cash denominated in foreign currencies (cost: \$4,322) |    | 4,322          |
| Dividends receivable                                   |    | 90,862         |
| Securities sold receivable                             |    | 19,119,781     |
| Receivable from General Partner                        |    | <u>219,234</u> |

Total assets 19,898,714

### LIABILITIES:

|                     |  |                   |
|---------------------|--|-------------------|
| Accrued expenses    |  | 256,468           |
| Withdrawals payable |  | <u>19,642,246</u> |

Total liabilities 19,898,714

NET ASSETS (PARTNERS' CAPITAL) \$ -

See notes to financial statements.

# Mondrian Emerging Markets Equity Parallel Fund, L.P. (A Delaware Limited Partnership)

## STATEMENT OF OPERATIONS (IN LIQUIDATION) FOR THE PERIOD FROM JANUARY 1, 2023 TO DECEMBER 13, 2023 (LAST VALUATION DATE)

---

|  |                     |
|--|---------------------|
| INVESTMENT INCOME:   |                     |
| Dividends (net of foreign withholding taxes of \$200,770)  | \$ 1,781,286        |
| Contribution and withdrawal charges  | <u>275,488</u>      |
| Total investment income  | <u>2,056,774</u>    |
| EXPENSES:  |                     |
| Custodial fees   | 71,528              |
| Professional fees  | <u>249,561</u>      |
| Total expenses   | <u>321,089</u>      |
| Expense reimbursement  | <u>(219,234)</u>    |
| Net expenses   | <u>101,855</u>      |
| NET INVESTMENT INCOME  | <u>1,954,919</u>    |
| NET REALIZED AND UNREALIZED GAIN ON INVESTMENTS<br>AND FOREIGN CURRENCIES:   |                     |
| Net realized loss on investments   | (9,288,390)         |
| Net realized loss through in kind transactions   | (353,136)           |
| Net realized loss on foreign currency transactions   | (99,098)            |
| Net change in unrealized appreciation/(depreciation) on investments<br>and translation of assets and liabilities in foreign currencies | <u>12,362,954</u>   |
| Net realized and unrealized gain on investments and foreign<br>currencies  | <u>2,622,330</u>    |
| NET INCREASE IN NET ASSETS RESULTING FROM OPERATIONS   | <u>\$ 4,577,249</u> |

# Mondrian Emerging Markets Equity Parallel Fund, L.P. (A Delaware Limited Partnership)

## STATEMENT OF CHANGES IN NET ASSETS (IN LIQUIDATION) FOR THE PERIOD FROM JANUARY 1, 2023 TO DECEMBER 13, 2023 (LAST VALUATION DATE)

---

NET DECREASE IN NET ASSETS RESULTING FROM:

Operations:

|  |                   |
|--|-------------------|
| Net investment income  | \$ 1,954,919      |
| Net realized loss on investments   | (9,288,390)       |
| Net realized loss through in kind transactions   | (353,136)         |
| Net realized loss on foreign currency transactions   | (99,098)          |
| Net change in unrealized appreciation/(depreciation) on investments<br>and translation of assets and liabilities in foreign currencies | <u>12,362,954</u> |

|  |                  |
|--|------------------|
| Net increase in net assets resulting from operations | <u>4,577,249</u> |
|--|------------------|

Capital activity:

|                       |                     |
|-----------------------|---------------------|
| Partner contributions | 1,322               |
| Partner withdrawals   | <u>(75,519,707)</u> |

|  |                     |
|--|---------------------|
| Net decrease in net assets resulting from capital activity | <u>(75,518,385)</u> |
|--|---------------------|

|                            |              |
|----------------------------|--------------|
| NET DECREASE IN NET ASSETS | (70,941,136) |
|----------------------------|--------------|

|  |                   |
|--|-------------------|
| NET ASSETS (PARTNERS' CAPITAL) — January 1, 2023 | <u>70,941,136</u> |
|--|-------------------|

|   |                    |
|---|--------------------|
| NET ASSETS (PARTNERS' CAPITAL) — December 13, 2023 (In Liquidation) | <u><u>\$ -</u></u> |
|---|--------------------|

See notes to financial statements.

# Mondrian Emerging Markets Equity Parallel Fund, L.P. (A Delaware Limited Partnership)

## NOTES TO FINANCIAL STATEMENTS (IN LIQUIDATION) AS OF AND FOR THE PERIOD ENDED DECEMBER 13, 2023 (LAST VALUATION DATE)

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### 1. BUSINESS PROFILE

Mondrian Emerging Markets Equity Parallel Fund, L.P. (the "Fund") was established as a Delaware Limited Partnership on November 10, 2005 and commenced operations on April 20, 2006. The Fund is exempt from registration under the Investment Company Act of 1940, as amended, and interests in the Fund are offered pursuant to an exemption from registration under the Securities Act of 1933, as amended, and the regulations thereunder. Mondrian Investment Partners Limited is the investment manager (the "Investment Manager") to the Fund. The Investment Manager is a registered investment adviser with the U.S. Securities and Exchange Commission pursuant to the Investment Advisers Act of 1940, as amended. Capitalized terms used but not defined herein have the same meaning as in the Fund's Limited Partnership Agreement.

### 2. SIGNIFICANT ACCOUNTING POLICIES

The Fund follows accounting and reporting guidance within Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) Topic 946, *Financial Services — Investment Companies*, and is an investment company as defined therein.

**Financial Statements** — The Fund's financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. The preparation of financial statements requires the Fund's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting year. Actual results could differ from those estimates.

A decision was made to close the Fund on December 01, 2023 and transfer certain assets and liabilities to Mondrian Emerging Markets Equity Fund, L.P. As a result, the basis of accounting was changed from the going concern basis to the liquidation basis. On December 13, 2023, investments of \$19,119,781 were transferred in kind by the fund to Mondrian Emerging Markets Equity Fund L.P. and hence, there are securities sold receivable amounting to \$19,119,781.

The liquidation basis of accounting requires that assets are recorded at estimated net realizable values, liabilities are recorded at estimated net settlement amounts, and expenses expected to be incurred through the final date of liquidation are accrued. No adjustments to assets or liabilities of the Fund were required as a result of the adoption of the liquidation basis of accounting, as (a) the investments were at fair value, which approximated their net realizable value; (b) receivables and other assets were already reflected at their net realizable value; (c) liabilities were at their net settlement amounts; and (d) no significant additional expenses were incurred in relation to the liquidation.

**Cash and Cash Equivalents** — Cash and cash equivalents include cash held in an interest-bearing deposit account. Some deposits may not be fully covered by federal deposit insurance.

**Cash Denominated in Foreign Currencies** - Foreign currencies include cash denominated in currencies other than the U.S. Dollar.

# **Mondrian Emerging Markets Equity Parallel Fund, L.P.** **(A Delaware Limited Partnership)**

## **NOTES TO FINANCIAL STATEMENTS (IN LIQUIDATION) AS OF AND FOR THE PERIOD ENDED DECEMBER 13, 2023 (LAST VALUATION DATE)**

---

**Security Valuation** — All securities are recorded at their fair value. Securities traded on national exchanges are valued at the last reported sales price or, if there are no sales, at the latest bid quotation, whichever is more recent. All over-the-counter (“OTC”) securities for which reliable quotations are available are valued at the latest bid quotation. All other securities for which market quotations are not readily available are valued on the basis of data from the last available sources, or by reference to similar marketable securities. Foreign securities are valued on the basis of quotations from the primary market in which they are traded and translated at each valuation date from the local currency into U.S. dollars using current exchange rates.

**Foreign Currency** — Investment securities and other assets and liabilities denominated in foreign currencies are translated into U.S. dollar amounts at the date of valuation. Purchases and sales of investment securities and income and expense items denominated in foreign currencies are translated into U.S. dollar amounts on the respective dates of such transactions.

The Fund does not isolate that portion of the results of operations resulting from changes in foreign exchange rates on investments from the fluctuations arising from changes in the fair value of securities held. Such fluctuations are included with the net realized and unrealized gain or loss on investments and foreign currencies in the Statement of Operations.

Reported net realized foreign exchange gains or losses arise from sales of foreign currencies, currency gains or losses realized between the trade and settlement dates on securities transactions, and the difference between the amounts of dividends, interest, and foreign withholding taxes recorded in the Fund’s financial statements and the U.S. dollar equivalent of the amounts actually received or paid. Net unrealized foreign exchange gains and losses arise from changes in the fair values of assets and liabilities, other than investments in securities at fiscal period-end, resulting from changes in exchange rates.

**Investment Activity** — Investment transactions are accounted for on the trade date. Realized gains and losses on investments sold are computed using the first-in, first-out method of cost determination.

**Income Recognition** — Interest income is recognized on an accrual basis and dividends from equity securities are recognized as income on the ex-dividend date. Withholding taxes and tax reclaims on foreign dividends have been recorded in accordance with the Fund’s understanding of the applicable country’s tax rules and rates.

**Contribution and Withdrawal Charges** — The Fund imposes a contribution and withdrawal charge. Please refer to the Confidential Information Memorandum of the Fund for details on the contribution and withdrawal charge. The contribution and withdrawal charges are payable by the contributing or withdrawing Limited Partner and are paid directly to the Fund, not to the Investment Manager or the General Partner. The General Partner may in its sole discretion waive or reduce the amount of the contribution or withdrawal charges in situations where the General Partner considers such a waiver or reduction to be equitable in light of the circumstances of the transaction and the purpose of the charges. For the period ended December 13, 2023, the General Partner did not elect to waive any material withdrawal charges or contribution charges but did offset withdrawal charges and contribution charges when contributions and withdrawals were made on the same day.

# Mondrian Emerging Markets Equity Parallel Fund, L.P. (A Delaware Limited Partnership)

## NOTES TO FINANCIAL STATEMENTS (IN LIQUIDATION) AS OF AND FOR THE PERIOD ENDED DECEMBER 13, 2023 (LAST VALUATION DATE)

---

**Expenses** — Expenses, such as custody, tax accounting, auditing and legal fees are accrued by the Fund as incurred. The General Partner intends to limit the administrative expenses borne by the Fund to an annual maximum of 20 basis points of the average net asset value of the Fund and expects to re-evaluate this limitation on an annual basis. For the period ended December 13, 2023, no expenses were reimbursed by the General Partner.

**Allocation of Profits and Losses** — Net increases or decreases in the value of the Fund's assets will be computed by the General Partner as of the end of each accounting period and allocated to the Limited Partners' capital accounts pro rata in accordance with their respective percentage interest for the period, although the capital accounts of the Limited Partners will not be reduced below zero.

**Taxes** — The Fund is classified as a partnership for U.S. income tax purposes. Each partner is individually responsible for reporting income or loss, to the extent required by the federal and state income tax laws and regulations, based upon its respective share of the Fund's income and expense as reported for income tax purposes.

FASB ASC Topic 740, *Income Taxes* ("Topic 740"), prescribes the minimum recognition threshold a tax position must meet in connection with accounting for uncertainties in income tax positions taken or expected to be taken by an entity before being measured and recognized in the financial statements. Topic 740 requires the evaluation of tax positions taken in the course of preparing the Fund's tax returns to determine whether the tax positions are "more-likely-than-not" of being sustained by the applicable tax authority. Tax positions not deemed to meet the more-likely-than-not threshold would be recorded as a tax expense in the current year. The Fund recognized no liability for uncertain tax positions in connection with Topic 740 and the management does not expect significant changes in next 12 months. The Fund's 2020 through December 13, 2023 U.S. Federal tax returns remain open for examination by tax authorities and taxes associated with state and foreign tax jurisdictions remain subject to examination based on varying statute time limitations.

**Valuation of the Fund's Assets** — The Fund's assets are valued as of the last business day of each month. Special interim valuations may be made at the sole discretion of the General Partner. Contributions, withdrawals and other participant activity normally may be made as of the first business day of each calendar month. The General Partner may, in its sole discretion, accept contributions or permit withdrawals at other times.

**Indemnifications** — In the normal course of business, the Fund enters into contracts and agreements that contain a variety of representations and warranties and which provide general indemnifications. The Fund's maximum exposure under these arrangements is unknown, as this would involve future claims that may be made against the Fund that have not yet occurred. The Fund expects the risk of any future obligation under these indemnifications to be remote.

**Withdrawals Payable** — The Fund recognizes withdrawals in conjunction with FASB ASC Topic 480, *Distinguishing Liabilities from Equity*. Withdrawals are recognized as liabilities when the amount requested in the withdrawal notice becomes fixed. This generally may occur on or before the fifteenth day of the prior month. As of December 13, 2023, the Fund had withdrawals payable of \$19,642,246 as recorded in the Statement of Assets and Liabilities.

# Mondrian Emerging Markets Equity Parallel Fund, L.P. (A Delaware Limited Partnership)

## NOTES TO FINANCIAL STATEMENTS (IN LIQUIDATION) AS OF AND FOR THE PERIOD ENDED DECEMBER 13, 2023 (LAST VALUATION DATE)

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### 3. FAIR VALUE MEASUREMENTS

In accordance with FASB ASC Topic 820, *Fair Value Measurement* ("Topic 820"), the Fund classifies its investments into Level 1, which refers to identical securities traded in an active market; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available or Level 1 securities where there is a contractual restriction; and Level 3, which refers to securities not traded in an active market and for which no significant observable market inputs are available.

A description of the valuation techniques applied to the Fund's major categories of assets and liabilities measured at fair value on a recurring basis follows.

**Equity Securities** – Securities including common stock, preferred stock, and real estate investment trusts are valued based on quoted prices from the applicable primary market exchange. To the extent these securities are actively traded, valuation adjustments are not applied, and they are categorized in Level 1 of the fair value hierarchy.

### 4. DERIVATIVE FINANCIAL INSTRUMENTS

The Fund may enter into forward foreign currency exchange contracts primarily to hedge against foreign currency exchange rate risks on its non-U.S. dollar-denominated investment securities. When entering into a forward foreign currency exchange contract, the Fund agrees to receive or deliver a fixed quantity of foreign currency for an agreed-upon price on an agreed future date. These contracts are valued at each portfolio valuation date, and the Fund's net equity therein, representing unrealized gain or loss, if any, on the contracts as measured by the difference between the forward foreign exchange rates at the dates of entry into the contracts and the forward foreign exchange rates at the reporting date, is included in the Statement of Assets and Liabilities. Realized and unrealized gains and losses, if any, are included in the Statement of Operations. These instruments involve market risk, credit risk, or both kinds of risks, in excess of the amount recognized in the Statement of Assets and Liabilities. Risks arise from the possible inability of counterparties to meet the terms of their contracts and from movement in currency rates.

As of and for the period ended December 13, 2023, the Fund did not hold or trade any forward foreign currency exchange contracts which are considered derivative financial instruments under FASB ASC Topic 815, *Derivatives and Hedging*.

### 5. MANAGEMENT AND CUSTODIAL FEES

**Management Fee** — In accordance with the terms of the Subscription Agreement signed by each Limited Partner, each Limited Partner is obligated to pay the General Partner an annual management fee (the "Management Fee") based on the value of each Limited Partner's Capital Account. Limited Partners may elect in the Subscription Agreement to pay the Management Fee upon receipt of an invoice or by directing the General Partner to debit the Management Fee from the Limited Partner's Capital Account. As management fee is the responsibility of each Limited Partner and not the Fund, it is not reflected as an expense in the Statement of Operations.

**Custodial Fee** — The Fund entered into a Global Institutional Master Custody Agreement with The Northern Trust Company (the "Custodian"). In accordance with the terms of the Global Institutional Master Custody Agreement, the Custodian receives a fee from the Fund for providing custody and certain administration functions.

# **Mondrian Emerging Markets Equity Parallel Fund, L.P.** **(A Delaware Limited Partnership)**

## **NOTES TO FINANCIAL STATEMENTS (IN LIQUIDATION) AS OF AND FOR THE PERIOD ENDED DECEMBER 13, 2023 (LAST VALUATION DATE)**

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### **6. CREDIT AND MARKET RISK**

Some countries in which the Fund may invest require governmental approval for the repatriation of investment income, capital or the proceeds of sales of securities by foreign investors. In addition, if there is deterioration in a country's balance of payments or for other reasons, a country may impose temporary restrictions on foreign capital remittances abroad. The securities exchanges of certain foreign markets are substantially smaller, less liquid and more volatile than the major securities markets in the United States. Consequently, acquisition and disposition of securities by the portfolios may be inhibited. In addition, a significant proportion of the aggregate fair value of equity securities listed on the major securities exchanges in emerging markets are held by a smaller number of investors. This may limit the number of shares available for acquisition or disposition of the portfolios.

Market risk arises mainly from uncertainty about future fair values of financial instruments held specifically from price, currency and interest rate movements. Market risk is directly impacted by the volatility and liquidity in the markets in which the financial instruments are traded and/or cleared.

### **7. FINANCIAL HIGHLIGHTS**

The financial highlights provided below are intended to facilitate the understanding of the Fund's financial performance for the period January 1, 2023 through December 13, 2023. Total return is calculated based on geometrically-linked cash flows which eliminate the effects of capital contributions and withdrawals. The total expenses and net investment income ratios are computed based on monthly average net assets for the period ended from January 1, 2023 to December 13, 2023.

Total return and the ratios exclude Management Fee. Individual returns and ratios may vary from these based on timing of capital transactions, contribution charges and withdrawal charges.

|                               |       |
|-------------------------------|-------|
| Total return *                | 9.63% |
| Ratios to average net assets: |       |
| Net investment income *       | 3.69% |
| Total expenses *              | 0.62% |
| Net expenses *                | 0.20% |

\*Total return was not annualized for the period. Total expenses, Net expenses and Net investment income ratios were not annualized for periods less than one year as no future comparable periods will be available due to the liquidation of the fund.

# **Mondrian Emerging Markets Equity Parallel Fund, L.P.** **(A Delaware Limited Partnership)**

## **NOTES TO FINANCIAL STATEMENTS (IN LIQUIDATION) AS OF AND FOR THE PERIOD ENDED DECEMBER 13, 2023 (LAST VALUATION DATE)**

---

### **8. SUBSEQUENT EVENTS**

In accordance with FASB ASC Topic 855, *Subsequent Events*, management has evaluated the possibility of subsequent events existing in the Fund's financial statements for the period from December 13, 2023 through March 28, 2024, the date when the financial statements were available to be issued. Management has determined that below are the material events, that would require disclosure in the Fund's financial statements through this date,

Post December 13, 2023, net assets of \$ 19,626,868 were transferred to Mondrian Emerging Markets Equity Fund L.P. on account of the Fund's liquidation.

The Fund further paid \$14,915 to settle the remaining withdrawals payable to the General Partner for its remaining capital balance.

\* \* \* \* \*

|                         |   |
|-------------------------|---|
| <b>Plan Name</b>        | <b>Mondrian Emerging Markets Equity Parallel Fund, L.P.</b> |
| <b>Plan Sponsor EIN</b> | <b>20-3844853</b>   |
| <b>ERISA Plan #</b>     | <b>006</b>  |
| <b>Plan Year Ending</b> | <b>December 13, 2023</b>                                    |

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

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

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

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 2023 or fiscal plan year beginning 01/01/2023 and ending 12/13/2023
A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [X] a DFE (specify) E
B This return/report is: [ ] the first return/report [X] the final return/report
[ ] an amended return/report [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: Mondrian Emerging Markets Equity Parallel Fund, L.P.
1b Three-digit plan number (PN): 006
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): MONDRIAN INVESTMENT GROUP US, INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box): 1100 N. MARKET STREET, 4TH FLOOR SUITE 4001 WILMINGTON DE 19890
2b Employer Identification Number (EIN): 20-3844853
2c Plan Sponsor's telephone number: (302) 428-3839
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 handwritten signature of Heather Hill and date 10/04/2024.

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

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

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

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input type="checkbox"/> Insurance                                  | (1) <input type="checkbox"/> Insurance                                  |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input type="checkbox"/> Trust                                      | (3) <input type="checkbox"/> Trust                                      |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

(1)  **R** (Retirement Plan Information)

(2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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