

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MERCER EMERGING MARKETS EQUITY PORTFOLIO</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>017</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MERCER TRUST COMPANY LLC</u></p> <p><u>99 HIGH STREET</u> <u>BOSTON, MA 02110</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>32-6219484</u></p> <p>2c Plan Sponsor's telephone number <u>617-943-5590</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	BARRY VALLAN
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan <u>MERCER EMERGING MARKETS EQUITY PORTFOLIO</u>	B Three-digit plan number (PN)	<u>017</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MERCER TRUST COMPANY LLC</u>	D Employer Identification Number (EIN) <u>32-6219484</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HITACHI ENERGY USA INC. MASTER PENSION TRUST	
b	Name of plan sponsor	HITACHI ENERGY USA INC.	c EIN-PN 94-3273443-324
a	Plan name	ABS GROUP PENSION PLAN	
b	Name of plan sponsor	ABS GROUP OF COMPANIES, INC.	c EIN-PN 22-3069605-001
a	Plan name	AIR CANADA U.S. PENSION PLAN	
b	Name of plan sponsor	AIR CANADA	c EIN-PN 13-1394887-001
a	Plan name	ALERIS CASH BALANCE PLAN	
b	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	c EIN-PN 27-1539745-008
a	Plan name	ALERIS CASH BALANCE PLAN ALSCO	
b	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	c EIN-PN 27-1539745-004
a	Plan name	ALERIS RETIREMENT PLAN FOR BARGAINED EMPLOYEES	
b	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	c EIN-PN 27-1539745-003
a	Plan name	AM GENERAL HOURLY RETIREMENT PLAN	
b	Name of plan sponsor	AM GENERAL LLC	c EIN-PN 03-0448255-005
a	Plan name	AM GENERAL LLC UAW RETIREMENT INCOME PLAN	
b	Name of plan sponsor	AM GENERAL LLC	c EIN-PN 03-0448255-001
a	Plan name	AM GENERAL SALARIED RETIREMENT PLAN	
b	Name of plan sponsor	AM GENERAL LLC	c EIN-PN 03-0448255-012
a	Plan name	AMERICAN BUREAU OF SHIPPING PENSION PLAN	
b	Name of plan sponsor	AMERICAN BUREAU OF SHIPPING	c EIN-PN 13-4921556-001
a	Plan name	AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	EDGEWELL PERSONAL CARE COMPANY	c EIN-PN 43-1863181-005
a	Plan name	APL RETIREMENT ACCOUNT PLAN (NBU)	
b	Name of plan sponsor	APL (AMERICA) LLC	c EIN-PN 81-4033925-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARCONIC CORP PENSION PLANS MASTER TRUST	
b	Name of plan sponsor ARCONIC CORPORATION	c EIN-PN 84-2745636-101
a	Plan name ARCONIC CORP. PENSION PLAN B	
b	Name of plan sponsor ARCONIC CORPORATION	c EIN-PN 84-2745636-004
a	Plan name ASBURY CARBONS, INC. PENSION PLAN	
b	Name of plan sponsor ASBURY CARBONS, INC. & SUBS	c EIN-PN 22-0744000-001
a	Plan name ASHLAND INC DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor ASHLAND INC.	c EIN-PN 20-0865835-103
a	Plan name ASR STAUNTON EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor EDGEWELL PERSONAL CARE COMPANY	c EIN-PN 43-1863181-006
a	Plan name BANGOR HYDRO ELECTRIC COMPANY PENSION PLAN	
b	Name of plan sponsor VERSANT POWER	c EIN-PN 01-0024370-001
a	Plan name BIC CONSUMER PRODUCTS MANUFACTURING CO., INC. LOCAL UNION 134L PENSION PLAN	
b	Name of plan sponsor BIC CORPORATION	c EIN-PN 06-0735597-001
a	Plan name BIC CORPORATION EMPLOYEES PENSION PLAN	
b	Name of plan sponsor BIC CORPORATION	c EIN-PN 06-0735597-002
a	Plan name BORDEN DAIRY PENSION PLAN MASTER TRUST	
b	Name of plan sponsor BORDEN DAIRY COMPANY	c EIN-PN 47-4211619-006
a	Plan name CALIFORNIA WATER SERVICE COMPANY PENSION PLAN	
b	Name of plan sponsor CALIFORNIA WATER SERVICE COMPANY	c EIN-PN 94-0362795-001
a	Plan name CAPITAL ONE DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor CAPITAL ONE	c EIN-PN 54-1719854-001
a	Plan name CLARK EQUIPMENT COMPANY - MELROE DIVISION, GWINNER, ND PLANT HOURLY-RATE EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor THE CLARK EQUIPMENT COMPANY	c EIN-PN 38-0425350-027

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CLARK EQUIPMENT COMPANY RETIREMENT PLAN (PLAN 50)	
b	Name of plan sponsor DOOSAN BOBCAT NORTH AMERICA, INC.	c EIN-PN 38-0425350-050
a	Plan name CLEARWATER PAPER CORP MASTER TRUST	
b	Name of plan sponsor CLEARWATER PAPER CORPORATION	c EIN-PN 20-3594554-051
a	Plan name COATS AMERICAN, INC.	
b	Name of plan sponsor COATS AMERICAN, INC.	c EIN-PN 13-4924750-002
a	Plan name COCA-COLA BOTTLING COMPANY UNITED, INC. RETIREMENT PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING COMPANY UNITED, INC.	c EIN-PN 58-0148710-001
a	Plan name CUBIC CORPORATION PENSION PLAN	
b	Name of plan sponsor CUBIC CORPORATION	c EIN-PN 95-1678055-002
a	Plan name DAYTON POWER AND LIGHT RETIREMENT INCOME TRUST	
b	Name of plan sponsor AES SERVICES INC.	c EIN-PN 31-0649116-001
a	Plan name DIRECTV BARGAINED PENSION PLAN	
b	Name of plan sponsor DIRECTV ENTERTAINMENT HOLDINGS LLC	c EIN-PN 86-2430702-001
a	Plan name DOMETIC CORPORATION PENSION PLAN	
b	Name of plan sponsor DOMETIC CORPORATION	c EIN-PN 32-0145464-001
a	Plan name DOOSAN PENSION PLAN NUMBER ONE	
b	Name of plan sponsor DOOSAN BOBCAT NORTH AMERICA, INC.	c EIN-PN 38-0425350-002
a	Plan name DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES	
b	Name of plan sponsor MID-AMERICA CONVERSION SERVICES, LLC	c EIN-PN 30-0881363-001
a	Plan name OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES	
b	Name of plan sponsor UCOR LLC	c EIN-PN 85-2867528-335
a	Plan name EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN	
b	Name of plan sponsor EDGEWELL PERSONAL CARE COMPANY	c EIN-PN 43-1863181-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EMERSON HOSPITAL EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	EMERSON HOSPITAL	c EIN-PN 04-2770977-001
a	Plan name	EMPLOYEES OF AES NY L.L.C. TRUST	
b	Name of plan sponsor	AES SERVICES INC.	c EIN-PN 25-1834216-001
a	Plan name	EMPLOYEES PLAN OF INDIANAPOLIS POWER & LIGHT	
b	Name of plan sponsor	AES SERVICES INC.	c EIN-PN 35-1357665-001
a	Plan name	EMPLOYEES' RETIREMENT PLAN OF BANK OF HAWAII	
b	Name of plan sponsor	BANK OF HAWAII	c EIN-PN 99-0033900-001
a	Plan name	FOSTER WHEELER INC. PENSION PLAN FOR CERTAIN EMPLOYEES	
b	Name of plan sponsor	FOSTER WHEELER, INC.	c EIN-PN 22-3800664-006
a	Plan name	FOSTER WHEELER INC. SALARIED EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	FOSTER WHEELER, INC.	c EIN-PN 22-3800664-002
a	Plan name	HOUGHTON MIFFLIN RETIREMENT PLAN	
b	Name of plan sponsor	HOUGHTON MIFFLIN HARCOURT PUBLISHING COMPANY	c EIN-PN 04-1456030-001
a	Plan name	HOWMET AEROSPACE RETIREMENT PLANS MASTER TRUST	
b	Name of plan sponsor	HOWMET AEROSPACE INC.	c EIN-PN 25-0317820-038
a	Plan name	HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE & INACTIVE EMPLOYEES	
b	Name of plan sponsor	HUSSMANN CORPORATION	c EIN-PN 43-0156220-044
a	Plan name	HUSSMANN PENSION PLAN FOR CERTAIN PARTICIPANTS WITH FROZEN BENEFITS	
b	Name of plan sponsor	HUSSMANN CORPORATION	c EIN-PN 43-0156220-045
a	Plan name	HYUNDAI MOTOR AMERICA PENSION PLAN	
b	Name of plan sponsor	HYUNDAI MOTOR AMERICA	c EIN-PN 33-0098815-002
a	Plan name	ISUZU COMPANIES RETIREMENT TRUST	
b	Name of plan sponsor	ISUZU NORTH AMERICA CORPORATION	c EIN-PN 33-6029611-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ITG CIGARS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ITG CIGARS, INC.	c EIN-PN 59-3472656-020
a	Plan name	JSJ CORPORATION EMPLOYEES RETIREMENT INCOME PLAN	
b	Name of plan sponsor	JSJ CORPORATION	c EIN-PN 38-1941886-001
a	Plan name	LES SCHWAB PROFIT SHARING RETIREMENT TRUST	
b	Name of plan sponsor	LES SCHWAB	c EIN-PN 93-0470437-333
a	Plan name	LOGAN ALUMINUM PENSION PLAN	
b	Name of plan sponsor	LOGAN ALUMINUM INC.	c EIN-PN 61-1064243-002
a	Plan name	LUCK STONE CORPORATION RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	LUCK STONE CORPORATION	c EIN-PN 54-0630628-001
a	Plan name	MAINE PUBLIC SERVICE COMPANY PENSION PLAN	
b	Name of plan sponsor	VERSANT POWER	c EIN-PN 01-0024370-005
a	Plan name	MASSACHUSETTS TEACHERS ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor	MASSACHUSETTS TEACHERS ASSOCIATION	c EIN-PN 04-1591200-001
a	Plan name	MCCORMICK PENSION PLAN	
b	Name of plan sponsor	MCCORMICK & COMPANY, INC	c EIN-PN 52-0408290-003
a	Plan name	MERCEDES-BENZ USA, LLC PENSION PLAN	
b	Name of plan sponsor	MERCEDES-BENZ USA, LLC	c EIN-PN 22-2375138-001
a	Plan name	MITSUI & CO. (U.S.A.), INC. PENSION PLAN	
b	Name of plan sponsor	MITSUI & CO. (U.S.A), INC.	c EIN-PN 13-2559853-001
a	Plan name	MODERN WELDING COMPANY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	MODERN WELDING COMPANY INC	c EIN-PN 61-1229111-001
a	Plan name	MOTIVA MASTER PENSION TRUST	
b	Name of plan sponsor	MOTIVA ENTERPRISES LLC	c EIN-PN 81-7134728-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MOUNTAINEER GAS COMPANY EMPLOYEES' DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor MOUNTAINEER GAS COMPANY	c EIN-PN 55-0521087-002
a	Plan name NC TRANSACTION INC. MASTER TRUST	
b	Name of plan sponsor NEWS CORP.	c EIN-PN 46-1138762-002
a	Plan name NEENAH EMPLOYEES PENSION PLAN	
b	Name of plan sponsor NEENAH, INC.	c EIN-PN 20-1308307-001
a	Plan name NEENAH FORMER EMPLOYEES PENSION PLAN	
b	Name of plan sponsor NEENAH NORTHEAST, LLC	c EIN-PN 54-1684641-002
a	Plan name NEW JOHNSONVILLE ELECTROLYTIC MANGANESE PLANT PENSION PLAN OF VIBRANTZ SPECIALTY PRODUCTS LLC	
b	Name of plan sponsor VIBRANTZ SPECIALTY PRODUCTS LLC	c EIN-PN 52-1272156-006
a	Plan name NNPP CONTRACTOR DB MASTER TRUST	
b	Name of plan sponsor FLUOR MARINE PROPULSION, LLC	c EIN-PN 32-6525146-001
a	Plan name NORTHWESTERN ENERGY MT PENSION PLAN	
b	Name of plan sponsor NORTHWESTERN CORPORATION	c EIN-PN 46-0172280-101
a	Plan name NORTHWESTERN ENERGY SD/NE PENSION PLAN	
b	Name of plan sponsor NORTHWESTERN CORPORATION	c EIN-PN 46-0172280-001
a	Plan name NOVELIS FAIRMONT HOURLY PENSION PLAN	
b	Name of plan sponsor NOVELIS CORPORATION	c EIN-PN 41-2098321-004
a	Plan name NOVELIS PENSION PLAN	
b	Name of plan sponsor NOVELIS CORPORATION	c EIN-PN 41-2098321-001
a	Plan name NOVELIS TERRE HAUTE HOURLY PENSION PLAN	
b	Name of plan sponsor NOVELIS CORPORATION	c EIN-PN 41-2098321-042
a	Plan name NOVELIS WARREN HOURLY PENSION PLAN	
b	Name of plan sponsor NOVELIS CORPORATION	c EIN-PN 41-2098321-003

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	PBF ENERGY PENSION PLAN
b	Name of plan sponsor	PBF HOLDING COMPANY LLC
c	EIN-PN	27-2198168-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF THE GOVT OF CANADA LOCALLY ENGAGED IN THE USA-QUALIFIED PENSION PLAN
b	Name of plan sponsor	TREASURY BOARD OF CANADA(DFAIT-LES SERVICES BUREAU)
c	EIN-PN	98-0177806-001
a	Plan name	PIXELLE SPECIALTY SOLUTIONS LLC RETIREMENT PLAN
b	Name of plan sponsor	PIXELLE SPECIALTY SOLUTIONS, LLC
c	EIN-PN	83-1623694-001
a	Plan name	PMC BUSINESS PENSION PLAN
b	Name of plan sponsor	LAND NEWCO, INC.
c	EIN-PN	86-2641661-001
a	Plan name	POLYONE CORPORATION MASTER TRUST
b	Name of plan sponsor	AVIENT CORPORATION
c	EIN-PN	34-1932233-001
a	Plan name	PORTLAND GENERAL ELECTRIC COMPANY PENSION PLAN
b	Name of plan sponsor	PORTLAND GENERAL ELECTRIC COMPANY
c	EIN-PN	93-0256820-001
a	Plan name	REGAL BELOIT AMERICA, INC. PENSION PLAN
b	Name of plan sponsor	REGAL BELOIT AMERICA, INC.
c	EIN-PN	39-0449780-007
a	Plan name	RET PLAN FOR EMPLOYEES OF CHARLES STARK DRAPER LABORATORY
b	Name of plan sponsor	CHARLES STARK DRAPER LABORATORY, INC.
c	EIN-PN	04-2505372-002
a	Plan name	RETIREMENT INCOME PLAN FOR EMPLOYEES OF UGI UTILITIES, INC.
b	Name of plan sponsor	UGI UTILITIES, INC.
c	EIN-PN	23-1174060-001
a	Plan name	RETIREMENT INCOME PLAN FOR THE EMPLOYEES OF DANNON
b	Name of plan sponsor	DANONE NORTH AMERICA PUBLIC BENEFIT CORPORATION
c	EIN-PN	11-2574007-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF APL, LIMITED (BU)
b	Name of plan sponsor	APL (AMERICA) LLC
c	EIN-PN	81-4033925-004
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF CASS INFORMATION SYSTEMS, INC.
b	Name of plan sponsor	CASS INFORMATION SYSTEMS, INC.
c	EIN-PN	43-1265338-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION	
b	Name of plan sponsor MARCH OF DIMES, INC.	c EIN-PN 13-1846366-001
a	Plan name RETIREMENT PLAN OF MARATHON OIL COMPANY	
b	Name of plan sponsor MARATHON OIL COMPANY	c EIN-PN 25-1410539-001
a	Plan name RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN	
b	Name of plan sponsor RIVERSIDE MANAGMENT SERVICES, INC	c EIN-PN 52-1241840-001
a	Plan name MATIV HOLDINGS, INC. PENSION PLAN	
b	Name of plan sponsor MATIV HOLDINGS, INC.	c EIN-PN 62-1612879-001
a	Plan name SEALY RETIREMENT PLAN	
b	Name of plan sponsor SEALY, INC.	c EIN-PN 36-1750335-010
a	Plan name SHURE INCORPORATED EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor SHURE INCORPORATED	c EIN-PN 36-2060824-002
a	Plan name ST. JOSEPHS HEALTH SERVICES RETIREMENT PLAN	
b	Name of plan sponsor ST. JOSEPH HEALTH SERVICES OF RHODE ISLAND	c EIN-PN 05-0259026-001
a	Plan name STOLT-NIELSEN US PENSION PLAN	
b	Name of plan sponsor STOLT-NIELSEN USA INC.	c EIN-PN 13-1932470-001
a	Plan name PENSION PLAN FOR ELIGIBLE EMPLOYEES OF SUBURBAN PROPANE L.P. AND SUBSIDIARIES	
b	Name of plan sponsor SUBURBAN PROPANE L.P.	c EIN-PN 22-3410352-070
a	Plan name SUPERIOR REFINING COMPANY DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor SUPERIOR REFINING COMPANY LLC	c EIN-PN 80-0744653-300
a	Plan name TFORCE FREIGHT PENSION PLAN	
b	Name of plan sponsor TFORCE HOLDINGS USA, INC.	c EIN-PN 33-1221977-003
a	Plan name THE CHRIST HOSPITAL PENSION PLAN	
b	Name of plan sponsor THE CHRIST HOSPITAL	c EIN-PN 31-0538525-008

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE CONSOL ENERGY INC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor CONSOL ENERGY INC	c EIN-PN 82-1954058-001
a	Plan name THE FRENCH'S FOOD COMPANY LLC RETIREMENT PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor THE FRENCH'S FOOD COMPANY LLC	c EIN-PN 46-3211306-009
a	Plan name THE GIBBS & COX, INC. PENSION PLAN	
b	Name of plan sponsor LEIDOS, INC.	c EIN-PN 95-3630868-006
a	Plan name THE LANE CONSTRUCTION CORPORATION DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor THE LANE CONSTRUCTION CORPORATION	c EIN-PN 06-0421150-001
a	Plan name THE LEXMARK RETIREMENT GROWTH ACCOUNT PLAN	
b	Name of plan sponsor LEXMARK INTERNATIONAL INC.	c EIN-PN 06-1308215-001
a	Plan name THE NIELSEN COMPANY RETIREMENT PLAN	
b	Name of plan sponsor TNC US HOLDINGS, INC.	c EIN-PN 22-2145575-001
a	Plan name TROPICANA PRODUCTS DEFINED BENEFIT PLAN	
b	Name of plan sponsor TROPICANA PRODUCTS INC	c EIN-PN 13-3346705-001
a	Plan name UNITED STATES SUGAR CORP. RETIREMENT INCOME PLAN	
b	Name of plan sponsor UNITED STATES SUGAR CORPORATION	c EIN-PN 59-0490750-002
a	Plan name UNIVAR SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor UNIVAR SOLUTIONS USA INC.	c EIN-PN 91-1347935-001
a	Plan name VERSANT POWER HEALTH & WELFARE PLAN	
b	Name of plan sponsor VERSANT POWER	c EIN-PN 01-0024370-502
a	Plan name VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES	
b	Name of plan sponsor VIBRANTZ CORPORATION	c EIN-PN 34-0217820-007
a	Plan name VIBRANTZ SPECIALTY PRODUCTS LLC BALTIMORE PLANT BARGAINING UNIT EMPLOYEES PENSION PLAN	
b	Name of plan sponsor VIBRANTZ SPECIALTY PRODUCTS LLC	c EIN-PN 52-1272156-003

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MERCER EMERGING MARKETS EQUITY PORTFOLIO	B Three-digit plan number (PN) ▶ 017
C Plan sponsor's name as shown on line 2a of Form 5500 MERCER TRUST COMPANY LLC	D Employer Identification Number (EIN) 32-6219484

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	333000	1460585
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31521	32606
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1072566908	799520314
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1072931429	801013505
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	353616	1488246
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	353616	1488246
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1072577813	799525259

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1085	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1085
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	13026197	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13026197
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5667348
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		18694630

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13400	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	1282	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	11031	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		25713
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		25713

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18668917
l Transfers of assets:			
(1) To this plan.....	2l(1)		60120494
(2) From this plan	2l(2)		351841965

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

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

Plan Name	Mercer Emerging Markets Equity Portfolio
Plan Sponsor EIN	32-6219484
Plan #	017
Plan Year Ending	12/31/2024
Schedule, Line/Part	Schedule D, Part II

The below named participating funds are not reported on Schedule D Part II of the **Mercer Emerging Markets Equity Portfolio** Form 5500, as they don't have a three-digit plan number. Historically, such plans were reported with a blank plan number along with an attachment explaining the reason for the blank entry. Upon suggestion of a Department of Labor representative, we have removed these entries from Schedule D, Part II in their entirety.

Plan Name	Plan/Plan Sponsor EIN
AgFirst Farm Credit Retirement Plan	57-1016947
Farm Credit Bank of Texas Pension Plan	74-1110170
Independent Associations Retirement Plan	34-1691741

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: Mercer Emerging Markets Equity Portfolio; 1b Three-digit plan number (PN): 017; 1c Effective date of plan; 2a Plan sponsor's name: Mercer Trust Company LLC; 2b Employer Identification Number (EIN): 32-6219484; 2c Plan Sponsor's telephone number: (617) 943-5590; 2d Business code; 99 High Street, Boston, MA 02110

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____
