

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 LONG STRIPS FIXED INCOME PORTFOLIO
1b Three-digit plan number (PN): 019
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): MERCER TRUST COMPANY LLC
2b Employer Identification Number (EIN): 80-6243236
2c Plan Sponsor's telephone number: 617-943-5590
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: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	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 LONG STRIPS FIXED INCOME PORTFOLIO</u>	B Three-digit plan number (PN)	<u>019</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>80-6243236</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:	<u>SSGA 20 YR US T STRIPS INDEX NL FD</u>	
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>	
c EIN-PN <u>32-6528132-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>964696068</u>
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)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	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 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 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	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	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	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
a	Plan name	COATS AMERICAN, INC.	
b	Name of plan sponsor	COATS AMERICAN, INC.	c EIN-PN 13-4924750-002

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 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 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 EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN	
b	Name of plan sponsor EDGEWELL PERSONAL CARE COMPANY	c EIN-PN 43-1863181-001
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 ANNUITY PLAN - PRODUCTS (SE)PIPE LINE CORPORATION	
b	Name of plan sponsor PRODUCTS (SE) PIPE LINE CORPORATION	c EIN-PN 58-0388035-002
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 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

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 HYUNDAI MOTOR AMERICA PENSION PLAN	
b	Name of plan sponsor HYUNDAI MOTOR AMERICA	c EIN-PN 33-0098815-002
a	Plan name LEWIS CENTER PENSION PLAN	
b	Name of plan sponsor VOLVO GROUP NORTH AMERICA LLC	c EIN-PN 58-2431188-006
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 MERCEDES-BENZ USA, LLC PENSION PLAN	
b	Name of plan sponsor MERCEDES-BENZ USA, LLC	c EIN-PN 22-2375138-001
a	Plan name MIDDLE RIVER AEROSTRUCTURE SYSTEMS HOURLY PENSION PLAN	
b	Name of plan sponsor MRA SYSTEMS, LLC	c EIN-PN 52-2063267-001
a	Plan name MIDDLE RIVER AEROSTRUCTURE SYSTEMS SALARIED PENSION PLAN	
b	Name of plan sponsor MRA SYSTEMS, LLC	c EIN-PN 52-2063267-002
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 NC TRANSACTION INC. MASTER TRUST	
b	Name of plan sponsor NEWS CORP.	c EIN-PN 46-1138762-002
a	Plan name NORTHWESTERN ENERGY MT PENSION PLAN	
b	Name of plan sponsor NORTHWESTERN CORPORATION	c EIN-PN 46-0172280-101
a	Plan name NOVELIS FAIRMONT HOURLY PENSION PLAN	
b	Name of plan sponsor NOVELIS CORPORATION	c EIN-PN 41-2098321-004

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 NOVELIS PENSION PLAN	
b	Name of plan sponsor NOVELIS CORPORATION	c EIN-PN 41-2098321-001
a	Plan name NOVELIS WARREN HOURLY PENSION PLAN	
b	Name of plan sponsor NOVELIS CORPORATION	c EIN-PN 41-2098321-003
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 PORTLAND GENERAL ELECTRIC COMPANY PENSION PLAN	
b	Name of plan sponsor PORTLAND GENERAL ELECTRIC COMPANY	c EIN-PN 93-0256820-001
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 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 KOPPERS INC.	
b	Name of plan sponsor KOPPERS INC.	c EIN-PN 25-1588399-003
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 HEALTH SYSTEM	c EIN-PN 52-1241840-001
a	Plan name SEALY RETIREMENT PLAN	
b	Name of plan sponsor SEALY, INC.	c EIN-PN 36-1750335-010

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	SOCIETE GENERALE PENSION PLAN	
b Name of plan sponsor	SOCIETE GENERALE	c EIN-PN 52-1128875-003
a Plan name	THE ASSOCIATED PRESS CONSOLIDATED RETIREMENT PLAN	
b Name of plan sponsor	ASSOCIATED PRESS	c EIN-PN 13-0452880-003
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 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 NIELSEN COMPANY RETIREMENT PLAN	
b Name of plan sponsor	TNC US HOLDINGS, INC.	c EIN-PN 22-2145575-001
a Plan name	THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC	
b Name of plan sponsor	LLOYDS BANK PLC	c EIN-PN 13-3321516-001
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	UNIVAR SOLUTIONS RETIREMENT PLAN	
b Name of plan sponsor	UNIVAR SOLUTIONS USA INC.	c EIN-PN 91-1347935-001
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	VINSON & ELKINS LLP PENSION PLAN	
b Name of plan sponsor	VINSON & ELKINS LLP	c EIN-PN 74-1183015-001
a Plan name	WAUKESHA GAS ENGINES PENSION PLAN	
b Name of plan sponsor	INNIO WAUKESHA GAS ENGINES, INC.	c EIN-PN 04-3201571-001
a Plan name	WEST VALLEY PENSION PLAN	
b Name of plan sponsor	CH2M HILL BWXT WEST VALLEY, LLC.	c EIN-PN 90-0629675-001

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	WTB FINANCIAL CORPORATION PENSION PLAN	c	EIN-PN	91-1150490-001
b	Name of plan sponsor	WTB FINANCIAL CORPORATION			
a	Plan name	HITACHI ENERGY USA INC. MASTER PENSION TRUST	c	EIN-PN	94-3273443-324
b	Name of plan sponsor	HITACHI ENERGY USA INC.			
a	Plan name	AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN	c	EIN-PN	43-1863181-005
b	Name of plan sponsor	EDGEWELL PERSONAL CARE COMPANY			
a	Plan name	BACARDI USA INC. TRUST FUND	c	EIN-PN	13-1507147-001
b	Name of plan sponsor	BACARDI USA INC.			
a	Plan name	DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN	c	EIN-PN	35-1532889-333
b	Name of plan sponsor	DEACONESS HEALTH SYSTEM, INC.			
a	Plan name	OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES	c	EIN-PN	85-2867528-335
b	Name of plan sponsor	UCOR LLC			
a	Plan name	JSJ CORPORATION EMPLOYEES RETIREMENT INCOME PLAN	c	EIN-PN	38-1941886-001
b	Name of plan sponsor	JSJ CORPORATION			
a	Plan name	SHURE INCORPORATED EMPLOYEES' RETIREMENT PLAN	c	EIN-PN	36-2060824-002
b	Name of plan sponsor	SHURE INCORPORATED			
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MERCER LONG STRIPS FIXED INCOME PORTFOLIO	B Three-digit plan number (PN) ▶ 019
C Plan sponsor's name as shown on line 2a of Form 5500 MERCER TRUST COMPANY LLC	D Employer Identification Number (EIN) 80-6243236

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1108475
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	748
(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)	964696068
(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)	
(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	1025308107	965805291
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	254384	1254409
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	254384	1254409
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1025053723	964550882

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)	40	
(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)		40
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		-146712986
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-146712946

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)	16700	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	99246	
(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)	9533	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		125479
j Total expenses. Add all expense amounts in column (b) and enter total	2j		125479

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-146838425
l Transfers of assets:			
(1) To this plan	2l(1)		361013828
(2) From this plan	2l(2)		274678244

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 Long Strips Fixed Income Portfolio
Plan Sponsor EIN	80-6243236
Plan #	019
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 Long Strips Fixed Income 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
Independent Associations Retirement Plan	34-1691741
Farm Credit Bank of Texas Pension Plan	74-1110170

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 Long STRIPS Fixed Income Portfolio; 1b Three-digit plan number (PN): 019; 1c Effective date of plan; 2a Plan sponsor's name: Mercer Trust Company LLC; 2b Employer Identification Number (EIN): 80-6243236; 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 signatures and dates for plan administrator, employer/sponsor, and DFE.

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

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