

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></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><b>1a</b> Name of plan <u>MERCER US SMALL/MID CAP EQUITY PORTFOLIO</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> 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><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>03-0566611</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>617-943-5590</u></p> <p><b>2d</b> 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.

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

<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  <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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</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>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>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> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <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) (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	<b>9b</b> 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)

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

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

<b>A</b> Name of plan <u>MERCER US SMALL/MID CAP EQUITY PORTFOLIO</u>	<b>B</b> Three-digit plan number (PN)	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MERCER TRUST COMPANY LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>03-0566611</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> (Complete as many entries as needed to report all interests in DFEs)
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<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)
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**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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**d** Entity code

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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 <a href="#">HITACHI ENERGY USA INC. MASTER PENSION TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">HITACHI ENERGY USA INC.</a>	<b>c</b> EIN-PN <a href="#">94-3273443-324</a>
<b>a</b>	Plan name <a href="#">ABS GROUP PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ABS GROUP OF COMPANIES, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3069605-001</a>
<b>a</b>	Plan name <a href="#">AIR CANADA U.S. PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AIR CANADA</a>	<b>c</b> EIN-PN <a href="#">13-1394887-001</a>
<b>a</b>	Plan name <a href="#">ALERIS CASH BALANCE PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NOVELIS ALR ROLLED PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">27-1539745-008</a>
<b>a</b>	Plan name <a href="#">ALERIS CASH BALANCE PLAN ALSCO</a>	
<b>b</b>	Name of plan sponsor <a href="#">NOVELIS ALR ROLLED PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">27-1539745-004</a>
<b>a</b>	Plan name <a href="#">ALERIS RETIREMENT PLAN FOR BARGAINED EMPLOYEES</a>	
<b>b</b>	Name of plan sponsor <a href="#">NOVELIS ALR ROLLED PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">27-1539745-003</a>
<b>a</b>	Plan name <a href="#">AM GENERAL HOURLY RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AM GENERAL LLC</a>	<b>c</b> EIN-PN <a href="#">03-0448255-005</a>
<b>a</b>	Plan name <a href="#">AM GENERAL LLC UAW RETIREMENT INCOME PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AM GENERAL LLC</a>	<b>c</b> EIN-PN <a href="#">03-0448255-001</a>
<b>a</b>	Plan name <a href="#">AM GENERAL SALARIED RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AM GENERAL LLC</a>	<b>c</b> EIN-PN <a href="#">03-0448255-012</a>
<b>a</b>	Plan name <a href="#">AMERICAN BUREAU OF SHIPPING PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN BUREAU OF SHIPPING</a>	<b>c</b> EIN-PN <a href="#">13-4921556-001</a>
<b>a</b>	Plan name <a href="#">APL RETIREMENT ACCOUNT PLAN (NBU)</a>	
<b>b</b>	Name of plan sponsor <a href="#">APL (AMERICA) LLC</a>	<b>c</b> EIN-PN <a href="#">81-4033925-001</a>
<b>a</b>	Plan name <a href="#">ARCONIC CORP PENSION PLANS MASTER TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARCONIC CORPORATION</a>	<b>c</b> EIN-PN <a href="#">84-2745636-101</a>

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 ARCONIC CORP. PENSION PLAN B	
<b>b</b>	Name of plan sponsor ARCONIC CORPORATION	<b>c</b> EIN-PN 84-2745636-004
<b>a</b>	Plan name ASBURY CARBONS, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor ASBURY CARBONS, INC. & SUBS	<b>c</b> EIN-PN 22-0744000-001
<b>a</b>	Plan name ASHLAND INC DEFINED BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor ASHLAND INC.	<b>c</b> EIN-PN 20-0865835-103
<b>a</b>	Plan name BANGOR HYDRO ELECTRIC COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor VERSANT POWER	<b>c</b> EIN-PN 01-0024370-001
<b>a</b>	Plan name BIC CONSUMER PRODUCTS MANUFACTURING CO., INC. LOCAL UNION 134L PENSION PLAN	
<b>b</b>	Name of plan sponsor BIC CORPORATION	<b>c</b> EIN-PN 06-0735597-001
<b>a</b>	Plan name BIC CORPORATION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor BIC CORPORATION	<b>c</b> EIN-PN 06-0735597-002
<b>a</b>	Plan name BORDEN DAIRY PENSION PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor BORDEN DAIRY COMPANY	<b>c</b> EIN-PN 47-4211619-006
<b>a</b>	Plan name CALIFORNIA WATER SERVICE COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA WATER SERVICE COMPANY	<b>c</b> EIN-PN 94-0362795-001
<b>a</b>	Plan name CAPITAL ONE DEFINED BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor CAPITAL ONE	<b>c</b> EIN-PN 54-1719854-001
<b>a</b>	Plan name CLARK EQUIPMENT COMPANY - MELROE DIVISION, GWINNER, ND PLANT HOURLY-RATE EMPLOYEES' PENSION PLAN	
<b>b</b>	Name of plan sponsor THE CLARK EQUIPMENT COMPANY	<b>c</b> EIN-PN 38-0425350-027
<b>a</b>	Plan name CLARK EQUIPMENT COMPANY RETIREMENT PLAN (PLAN 50)	
<b>b</b>	Name of plan sponsor DOOSAN BOBCAT NORTH AMERICA, INC.	<b>c</b> EIN-PN 38-0425350-050
<b>a</b>	Plan name CLEARWATER PAPER CORP MASTER TRUST	
<b>b</b>	Name of plan sponsor CLEARWATER PAPER CORPORATION	<b>c</b> EIN-PN 20-3594554-051

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 COATS AMERICAN, INC.	
<b>b</b>	Name of plan sponsor COATS AMERICAN, INC.	<b>c</b> EIN-PN 13-4924750-002
<b>a</b>	Plan name COCA-COLA BOTTLING COMPANY UNITED, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COCA-COLA BOTTLING COMPANY UNITED, INC.	<b>c</b> EIN-PN 58-0148710-001
<b>a</b>	Plan name CUBIC CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor CUBIC CORPORATION	<b>c</b> EIN-PN 95-1678055-002
<b>a</b>	Plan name DAYTON POWER AND LIGHT RETIREMENT INCOME TRUST	
<b>b</b>	Name of plan sponsor AES SERVICES INC.	<b>c</b> EIN-PN 31-0649116-001
<b>a</b>	Plan name DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEACONESS HEALTH SYSTEM, INC.	<b>c</b> EIN-PN 35-1532889-333
<b>a</b>	Plan name DIRECTV BARGAINED PENSION PLAN	
<b>b</b>	Name of plan sponsor DIRECTV ENTERTAINMENT HOLDINGS LLC	<b>c</b> EIN-PN 86-2430702-001
<b>a</b>	Plan name DOMETIC CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor DOMETIC CORPORATION	<b>c</b> EIN-PN 32-0145464-001
<b>a</b>	Plan name DOOSAN PENSION PLAN NUMBER ONE	
<b>b</b>	Name of plan sponsor DOOSAN BOBCAT NORTH AMERICA, INC.	<b>c</b> EIN-PN 38-0425350-002
<b>a</b>	Plan name DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES	
<b>b</b>	Name of plan sponsor MID-AMERICA CONVERSION SERVICES, LLC	<b>c</b> EIN-PN 30-0881363-001
<b>a</b>	Plan name OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES	
<b>b</b>	Name of plan sponsor UCOR LLC	<b>c</b> EIN-PN 85-2867528-335
<b>a</b>	Plan name EMERSON HOSPITAL EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EMERSON HOSPITAL	<b>c</b> EIN-PN 04-2770977-001
<b>a</b>	Plan name EMPLOYEES OF AES NY L.L.C. TRUST	
<b>b</b>	Name of plan sponsor AES SERVICES INC.	<b>c</b> EIN-PN 25-1834216-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	EMPLOYEES PLAN OF INDIANAPOLIS POWER & LIGHT	
<b>b</b>	Name of plan sponsor	AES SERVICES INC.	<b>c</b> EIN-PN 35-1357665-001
<b>a</b>	Plan name	EMPLOYEES' RETIREMENT PLAN OF BANK OF HAWAII	
<b>b</b>	Name of plan sponsor	BANK OF HAWAII	<b>c</b> EIN-PN 99-0033900-001
<b>a</b>	Plan name	FOSTER WHEELER INC. PENSION PLAN FOR CERTAIN EMPLOYEES	
<b>b</b>	Name of plan sponsor	FOSTER WHEELER, INC.	<b>c</b> EIN-PN 22-3800664-006
<b>a</b>	Plan name	FOSTER WHEELER INC. SALARIED EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	FOSTER WHEELER, INC.	<b>c</b> EIN-PN 22-3800664-002
<b>a</b>	Plan name	GOLDEN STATE WATER COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor	GOLDEN STATE WATER COMPANY	<b>c</b> EIN-PN 95-1243678-001
<b>a</b>	Plan name	HOUGHTON MIFFLIN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOUGHTON MIFFLIN HARCOURT PUBLISHING COMPANY	<b>c</b> EIN-PN 04-1456030-001
<b>a</b>	Plan name	HOWMET AEROSPACE RETIREMENT PLANS MASTER TRUST	
<b>b</b>	Name of plan sponsor	HOWMET AEROSPACE INC.	<b>c</b> EIN-PN 25-0317820-038
<b>a</b>	Plan name	HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE & INACTIVE EMPLOYEES	
<b>b</b>	Name of plan sponsor	HUSSMANN CORPORATION	<b>c</b> EIN-PN 43-0156220-044
<b>a</b>	Plan name	HUSSMANN PENSION PLAN FOR CERTAIN PARTICIPANTS WITH FROZEN BENEFITS	
<b>b</b>	Name of plan sponsor	HUSSMANN CORPORATION	<b>c</b> EIN-PN 43-0156220-045
<b>a</b>	Plan name	HYUNDAI MOTOR AMERICA PENSION PLAN	
<b>b</b>	Name of plan sponsor	HYUNDAI MOTOR AMERICA	<b>c</b> EIN-PN 33-0098815-002
<b>a</b>	Plan name	ISUZU COMPANIES RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	ISUZU NORTH AMERICA CORPORATION	<b>c</b> EIN-PN 33-6029611-001
<b>a</b>	Plan name	ITG CIGARS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ITG CIGARS, INC.	<b>c</b> EIN-PN 59-3472656-020

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	JSJ CORPORATION EMPLOYEES RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	JSJ CORPORATION	<b>c</b> EIN-PN 38-1941886-001
<b>a</b>	Plan name	LOGAN ALUMINUM PENSION PLAN	
<b>b</b>	Name of plan sponsor	LOGAN ALUMINUM INC.	<b>c</b> EIN-PN 61-1064243-002
<b>a</b>	Plan name	LUCK STONE CORPORATION RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LUCK STONE CORPORATION	<b>c</b> EIN-PN 54-0630628-001
<b>a</b>	Plan name	MAINE PUBLIC SERVICE COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor	VERSANT POWER	<b>c</b> EIN-PN 01-0024370-005
<b>a</b>	Plan name	MASSACHUSETTS TEACHERS ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MASSACHUSETTS TEACHERS ASSOCIATION	<b>c</b> EIN-PN 04-1591200-001
<b>a</b>	Plan name	MCCORMICK PENSION PLAN	
<b>b</b>	Name of plan sponsor	MCCORMICK & COMPANY, INC	<b>c</b> EIN-PN 52-0408290-003
<b>a</b>	Plan name	MERCEDES-BENZ USA, LLC PENSION PLAN	
<b>b</b>	Name of plan sponsor	MERCEDES-BENZ USA, LLC	<b>c</b> EIN-PN 22-2375138-001
<b>a</b>	Plan name	MITSUI & CO. (U.S.A.), INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	MITSUI & CO. (U.S.A), INC.	<b>c</b> EIN-PN 13-2559853-001
<b>a</b>	Plan name	MODERN WELDING COMPANY EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	MODERN WELDING COMPANY INC	<b>c</b> EIN-PN 61-1229111-001
<b>a</b>	Plan name	MOTIVA MASTER PENSION TRUST	
<b>b</b>	Name of plan sponsor	MOTIVA ENTERPRISES LLC	<b>c</b> EIN-PN 81-7134728-001
<b>a</b>	Plan name	NC TRANSACTION INC. MASTER TRUST	
<b>b</b>	Name of plan sponsor	NEWS CORP.	<b>c</b> EIN-PN 46-1138762-002
<b>a</b>	Plan name	NEENAH EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	NEENAH, INC.	<b>c</b> EIN-PN 20-1308307-001

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.)	
<b>a</b>	Plan name <b>NEENAH FORMER EMPLOYEES PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEENAH NORTHEAST, LLC</b>	<b>c</b> EIN-PN <b>54-1684641-002</b>
<b>a</b>	Plan name <b>NEW JOHNSONVILLE ELECTROLYTIC MANGANESE PLANT PENSION PLAN OF VIBRANTZ SPECIALTY PRODUCTS LLC</b>	
<b>b</b>	Name of plan sponsor <b>VIBRANTZ SPECIALTY PRODUCTS LLC</b>	<b>c</b> EIN-PN <b>52-1272156-006</b>
<b>a</b>	Plan name <b>NORTHWESTERN ENERGY MT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHWESTERN CORPORATION</b>	<b>c</b> EIN-PN <b>46-0172280-101</b>
<b>a</b>	Plan name <b>NORTHWESTERN ENERGY SD/NE PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHWESTERN CORPORATION</b>	<b>c</b> EIN-PN <b>46-0172280-001</b>
<b>a</b>	Plan name <b>NOVELIS FAIRMONT HOURLY PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NOVELIS CORPORATION</b>	<b>c</b> EIN-PN <b>41-2098321-004</b>
<b>a</b>	Plan name <b>NOVELIS PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NOVELIS CORPORATION</b>	<b>c</b> EIN-PN <b>41-2098321-001</b>
<b>a</b>	Plan name <b>NOVELIS TERRE HAUTE HOURLY PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NOVELIS CORPORATION</b>	<b>c</b> EIN-PN <b>41-2098321-042</b>
<b>a</b>	Plan name <b>NOVELIS WARREN HOURLY PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NOVELIS CORPORATION</b>	<b>c</b> EIN-PN <b>41-2098321-003</b>
<b>a</b>	Plan name <b>PBF ENERGY PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PBF HOLDING COMPANY LLC</b>	<b>c</b> EIN-PN <b>27-2198168-001</b>
<b>a</b>	Plan name <b>PENSION PLAN FOR EMPLOYEES OF THE GOVT OF CANADA LOCALLY ENGAGED IN THE USA-QUALIFIED PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TREASURY BOARD OF CANADA(DFAIT-LES SERVICES BUREAU)</b>	<b>c</b> EIN-PN <b>98-0177806-001</b>
<b>a</b>	Plan name <b>PIXELLE SPECIALTY SOLUTIONS LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PIXELLE SPECIALTY SOLUTIONS, LLC</b>	<b>c</b> EIN-PN <b>83-1623694-001</b>
<b>a</b>	Plan name <b>PMC BUSINESS PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAND NEWCO, INC.</b>	<b>c</b> EIN-PN <b>86-2641661-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	REGAL BELOIT AMERICA, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	REGAL BELOIT AMERICA, INC.	<b>c</b> EIN-PN 39-0449780-007
<b>a</b>	Plan name	RET PLAN FOR EMPLOYEES OF CHARLES STARK DRAPER LABORATORY	
<b>b</b>	Name of plan sponsor	CHARLES STARK DRAPER LABORATORY, INC.	<b>c</b> EIN-PN 04-2505372-002
<b>a</b>	Plan name	RETIREMENT INCOME PLAN FOR THE EMPLOYEES OF DANNON	
<b>b</b>	Name of plan sponsor	DANONE NORTH AMERICA PUBLIC BENEFIT CORPORATION	<b>c</b> EIN-PN 11-2574007-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF APL, LIMITED (BU)	
<b>b</b>	Name of plan sponsor	APL (AMERICA) LLC	<b>c</b> EIN-PN 81-4033925-004
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF CASS INFORMATION SYSTEMS, INC.	
<b>b</b>	Name of plan sponsor	CASS INFORMATION SYSTEMS, INC.	<b>c</b> EIN-PN 43-1265338-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION	
<b>b</b>	Name of plan sponsor	MARCH OF DIMES, INC.	<b>c</b> EIN-PN 13-1846366-001
<b>a</b>	Plan name	RETIREMENT PLAN OF MARATHON OIL COMPANY	
<b>b</b>	Name of plan sponsor	MARATHON OIL COMPANY	<b>c</b> EIN-PN 25-1410539-001
<b>a</b>	Plan name	RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE MANAGMENT SERVICES, INC	<b>c</b> EIN-PN 52-1241840-001
<b>a</b>	Plan name	SANDVIK PENSION PLAN	
<b>b</b>	Name of plan sponsor	SANDVIK, INC.	<b>c</b> EIN-PN 22-1717737-004
<b>a</b>	Plan name	MATIV HOLDINGS, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	MATIV HOLDINGS, INC.	<b>c</b> EIN-PN 62-1612879-001
<b>a</b>	Plan name	SEALY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEALY, INC.	<b>c</b> EIN-PN 36-1750335-010
<b>a</b>	Plan name	SHURE INCORPORATED EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHURE INCORPORATED	<b>c</b> EIN-PN 36-2060824-002

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.)	
<b>a</b>	Plan name <b>STOLT-NIELSEN US PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STOLT-NIELSEN USA INC.</b>	<b>c</b> EIN-PN <b>13-1932470-001</b>
<b>a</b>	Plan name <b>PENSION PLAN FOR ELIGIBLE EMPLOYEES OF SUBURBAN PROPANE L.P. AND SUBSIDIARIES</b>	
<b>b</b>	Name of plan sponsor <b>SUBURBAN PROPANE L.P.</b>	<b>c</b> EIN-PN <b>22-3410352-070</b>
<b>a</b>	Plan name <b>SUPERIOR REFINING COMPANY DEFINED BENEFIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUPERIOR REFINING COMPANY LLC</b>	<b>c</b> EIN-PN <b>80-0744653-300</b>
<b>a</b>	Plan name <b>TFORCE FREIGHT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TFORCE HOLDINGS USA, INC.</b>	<b>c</b> EIN-PN <b>33-1221977-003</b>
<b>a</b>	Plan name <b>THE CHRIST HOSPITAL PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CHRIST HOSPITAL</b>	<b>c</b> EIN-PN <b>31-0538525-008</b>
<b>a</b>	Plan name <b>THE CONSOL ENERGY INC EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONSOL ENERGY INC</b>	<b>c</b> EIN-PN <b>82-1954058-001</b>
<b>a</b>	Plan name <b>THE FRENCH'S FOOD COMPANY LLC RETIREMENT PLAN FOR UNION EMPLOYEES</b>	
<b>b</b>	Name of plan sponsor <b>THE FRENCH'S FOOD COMPANY LLC</b>	<b>c</b> EIN-PN <b>46-3211306-009</b>
<b>a</b>	Plan name <b>THE GIBBS &amp; COX, INC. PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEIDOS, INC.</b>	<b>c</b> EIN-PN <b>95-3630868-006</b>
<b>a</b>	Plan name <b>THE LANE CONSTRUCTION CORPORATION DEFINED BENEFIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE LANE CONSTRUCTION CORPORATION</b>	<b>c</b> EIN-PN <b>06-0421150-001</b>
<b>a</b>	Plan name <b>THE LEXMARK RETIREMENT GROWTH ACCOUNT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEXMARK INTERNATIONAL INC.</b>	<b>c</b> EIN-PN <b>06-1308215-001</b>
<b>a</b>	Plan name <b>THE NIELSEN COMPANY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TNC US HOLDINGS, INC.</b>	<b>c</b> EIN-PN <b>22-2145575-001</b>
<b>a</b>	Plan name <b>TROPICANA PRODUCTS DEFINED BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TROPICANA PRODUCTS INC</b>	<b>c</b> EIN-PN <b>13-3346705-001</b>

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	UNITED STATES SUGAR CORP. RETIREMENT INCOME PLAN	
<b>b</b> Name of plan sponsor	UNITED STATES SUGAR CORPORATION	<b>c</b> EIN-PN 59-0490750-002
<b>a</b> Plan name	UNIVAR SOLUTIONS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	UNIVAR SOLUTIONS USA INC.	<b>c</b> EIN-PN 91-1347935-001
<b>a</b> Plan name	VERSANT POWER HEALTH & WELFARE PLAN	
<b>b</b> Name of plan sponsor	VERSANT POWER	<b>c</b> EIN-PN 01-0024370-502
<b>a</b> Plan name	VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES	
<b>b</b> Name of plan sponsor	VIBRANTZ CORPORATION	<b>c</b> EIN-PN 34-0217820-007
<b>a</b> Plan name	VIBRANTZ SPECIALTY PRODUCTS LLC BALTIMORE PLANT BARGAINING UNIT EMPLOYEES PENSION PLAN	
<b>b</b> Name of plan sponsor	VIBRANTZ SPECIALTY PRODUCTS LLC	<b>c</b> EIN-PN 52-1272156-003
<b>a</b> Plan name	WASTE ISOLATION PILOT PLANT PENSION PLAN	
<b>b</b> Name of plan sponsor	SALADO ISOLATION MINING CONTRACTORS, LLC	<b>c</b> EIN-PN 82-4745477-001
<b>a</b> Plan name	WEST VALLEY PENSION PLAN	
<b>b</b> Name of plan sponsor	CH2M HILL BWXT WEST VALLEY, LLC.	<b>c</b> EIN-PN 90-0629675-001
<b>a</b> Plan name	LEWIS CENTER PENSION PLAN	
<b>b</b> Name of plan sponsor	VOLVO GROUP NORTH AMERICA LLC	<b>c</b> EIN-PN 58-2431188-006
<b>a</b> Plan name	MOUNTAINEER GAS COMPANY EMPLOYEES' DEFINED BENEFIT PENSION PLAN	
<b>b</b> Name of plan sponsor	MOUNTAINEER GAS COMPANY	<b>c</b> EIN-PN 55-0521087-002
<b>a</b> Plan name	PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER	
<b>b</b> Name of plan sponsor	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	<b>c</b> EIN-PN 52-1169362-001
<b>a</b> Plan name	RETIREMENT INCOME PLAN FOR EMPLOYEES OF UGI UTILITIES, INC.	
<b>b</b> Name of plan sponsor	UGI UTILITIES, INC.	<b>c</b> EIN-PN 23-1174060-001
<b>a</b> Plan name	VOLVO GROUP NORTH AMERICA NEW RIVER VALLEY PENSION PLAN	
<b>b</b> Name of plan sponsor	VOLVO GROUP NORTH AMERICA LLC	<b>c</b> EIN-PN 58-2431188-002

**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.)

<b>a</b> Plan name	VOLVO GROUP NORTH AMERICA RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	VOLVO GROUP NORTH AMERICA LLC	<b>c</b> EIN-PN 58-2431188-001

<b>a</b> Plan name	VOLVO RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	VOLVO CONSTRUCTION EQUIPMENT NORTH AMERICA, LLC.	<b>c</b> EIN-PN 38-2496821-003

<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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MERCER US SMALL/MID CAP EQUITY PORTFOLIO</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MERCER TRUST COMPANY LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>03-0566611</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<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>	507586
		577469
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	868
<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>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<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>	673716406
<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>	598658797

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(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>	674224860	599237170
<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>	527680	604483
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	527680	604483
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	673697180	598632687

**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>		(a) Amount	(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>	36	
<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>		36
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	5131461	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		5131461
<b>(3)</b> 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>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<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>		
<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>		76873457
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		82004954

**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>	13400	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	1123	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(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>	10561	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		25084
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		25084

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		81979870
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		126094415
(2) From this plan .....	<b>2l(2)</b>		283138778

**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
<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.)			
<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.)			
<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.)			
<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.)			
<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 \_\_\_\_\_.

<b>Plan Name</b>	<b>Mercer US Small/Mid Cap Equity Portfolio</b>
<b>Plan Sponsor EIN</b>	<b>03-0566611</b>
<b>Plan #</b>	<b>003</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>
<b>Schedule, Line/Part</b>	<b>Schedule D, Part II</b>

The below named participating funds are not reported on Schedule D Part II of the **Mercer US Small/Mid Cap 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.

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

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

2024

This Form is Open to Public Inspection

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 [x] 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

1a Name of plan: Mercer US Small/Mid Cap Equity Portfolio
1b Three-digit plan number (PN): 003
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): 03-0566611
2c Plan Sponsor's telephone number: (617) 943-5590
2d Business code (see instructions)
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 signature of Barry Vallan dated 10/10/25.

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

Form 5500 (2024) v. 240311

<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  <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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</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>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>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> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <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) (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	<b>9b</b> 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)

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

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