

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: LEXMARK RETIREMENT GROWTH ACCOUNT PLAN MASTER TRUST
1b Three-digit plan number (PN): 004
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): LEXMARK INTERNATIONAL, INC.
2b Employer Identification Number (EIN): 06-1308215
2c Plan Sponsor's telephone number: 859-232-2000
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan 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 <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan LEXMARK RETIREMENT GROWTH ACCOUNT PLAN MASTER TRUST	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 LEXMARK INTERNATIONAL, INC.	D Employer Identification Number (EIN) 06-1308215	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	704740	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	262215	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JP MORGAN CHASE BANK, NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 51 52 59 62 71 72 10	NONE	163538	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHERRY BEKAERT

56-0574444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	48300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN CHASE BANK, NA	21 28 52 59 62 71 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN FUTURES, INC. 13-3072111	REVENUE SHARE ON FUTURES AND OPTIONS CLEARING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN CHASE BANK, NA	21 28 52 59 62 71 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN SECURITIES, LLC 13-3379014	REVENUE SHARE OF BROKERAGE COMMISSION EARNED ON COMMON SHARE TRADE EXECUTIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN CHASE BANK, NA	21 28 52 59 62 71 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN INVESTMENT MGMT, INC. 245 PARK AVENUE NEW YORK, NY 10167	REVENUE SHARE ON MUTUAL FUNDS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN CHASE BANK, NA	21 28 52 59 62 71 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SUNGARD GLOBAL NETWORK 13-4994650	12B-1, SHAREHOLDER SERVICING AND SIMILAR FEES COLLECTED BY FUND NETWORK PROVIDER AND SPLIT EQUALLY BETWEEN JP MORGAN AND SUNGARD GLOBAL NETWORK	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>LEXMARK RETIREMENT GROWTH ACCOUNT PLAN MASTER TRUST</u>	B Three-digit plan number (PN) <u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LEXMARK INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>06-1308215</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>MERCER ACTV INTRMED CREDIT FIXED IN</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>85-2621954-048</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>19647784</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTV LONG CORP FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>45-6178743-004</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>63472565</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MARKETS EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>32-6219484-017</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>11776319</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER GLOBAL LOW VOLATILITY EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>35-7004395-018</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>4852072</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>03-0566617-009</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>27334427</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER OPPORTUNISTIC FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>36-7630030-020</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>33584178</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER PASSIVE LONG GOVT FIXED INC</u>		
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>		
c EIN-PN <u>51-0560117-010</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>68291713</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER US LRG CAP CORE PASSIVE EQTY**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566613-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60657075
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER US SM/MID CAP EQUITY**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566611-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10071152
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER CORE FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566615-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER US CORE REAL ESTATE PORTFOLI**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 87-1321612-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19492761
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 LEXMARK RETIREMENT GROWTH ACCOUNT PLAN

b Name of plan sponsor LEXMARK INTERNATIONAL, INC. **c** EIN-PN 06-1308215-001

a Plan name LEXMARK RETIREMENT GROWTH ACCOUNT PLAN II

b Name of plan sponsor LEXMARK INTERNATIONAL, INC. **c** EIN-PN 06-1308215-003

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LEXMARK RETIREMENT GROWTH ACCOUNT PLAN MASTER TRUST	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 LEXMARK INTERNATIONAL, INC.	D Employer Identification Number (EIN) 06-1308215

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4318	2266
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	355366727	319180046
(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)	2739065	3016936
(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	358110110	322199248
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	358110110	322199248

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)		
(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)		0
(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)	55941	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		55941
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		11727321
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11783262

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	633027	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		633027
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		633027

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11150235
l Transfers of assets:			
(1) To this plan.....	2l(1)		8586037
(2) From this plan	2l(2)		55647134

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF PURCHASE PRICE	SELLING PRICE	PURCHASE PRICE	EXPENSES	358,110,109 COST OF ASSET	5% VALUE OF CURRENT VALUE	17,905,505 NET GAIN OR (LOSS)
48199ZVB5 JPM FEDERAL MONEY MARKET FUND INSTITUTIONAL SHARES	MONTHLY VARIABLE 08/07/2099							
BROKER 0800003 MEMO-MASTER NOTES/POOLED FUNDS								
2,646,231 01/02/24 S SELL	70985302	100.0000	100.0000	0	0	2,646,231	2,646,231	0
2,099 01/05/24 B BUY	70985305	100.0000	100.0000	0	0	2,099	2,099	0
1,286 01/08/24 B BUY	70985308	100.0000	100.0000	0	0	1,286	1,286	0
3,310 01/23/24 B BUY	70985312	100.0000	100.0000	0	0	3,310	3,310	0
683 01/26/24 B BUY	70985316	100.0000	100.0000	0	0	683	683	0
562 01/29/24 B BUY	70985318	100.0000	100.0000	0	0	562	562	0
4,100,000 01/30/24 B BUY	70985320	100.0000	100.0000	0	0	4,100,000	4,100,000	0
3,812,206 02/01/24 S SELL	70985326	100.0000	100.0000	0	0	3,812,206	3,812,206	0
4,449 02/05/24 B BUY	70985328	100.0000	100.0000	0	0	4,449	4,449	0
4,122 02/06/24 B BUY	70985330	100.0000	100.0000	0	0	4,122	4,122	0
1,721 02/07/24 S SELL	70985333	100.0000	100.0000	0	0	1,721	1,721	0
2,617 02/08/24 B BUY	70985336	100.0000	100.0000	0	0	2,617	2,617	0
235,138 02/09/24 S SELL	70985337	100.0000	100.0000	0	0	235,138	235,138	0
855 02/12/24 B BUY	70985340	100.0000	100.0000	0	0	855	855	0
784 02/14/24 B BUY	70985342	100.0000	100.0000	0	0	784	784	0
150,070 02/16/24 S SELL	70985344	100.0000	100.0000	0	0	150,070	150,070	0
6,900,000 02/27/24 B BUY	70985346	100.0000	100.0000	0	0	6,900,000	6,900,000	0
6,732,178 03/01/24 S SELL	70985356	100.0000	100.0000	0	0	6,732,178	6,732,178	0
38,813 03/04/24 S SELL	70985358	100.0000	100.0000	0	0	38,813	38,813	0
1,927 03/07/24 B BUY	70985367	100.0000	100.0000	0	0	1,927	1,927	0
728 03/15/24 B BUY	70985369	100.0000	100.0000	0	0	728	728	0
339 03/18/24 B BUY	70985371	100.0000	100.0000	0	0	339	339	0
728 03/21/24 S SELL	70985373	100.0000	100.0000	0	0	728	728	0
5,967 03/27/24 B BUY	70985376	100.0000	100.0000	0	0	5,967	5,967	0
7,500,000 03/28/24 B BUY	70985378	100.0000	100.0000	0	0	7,500,000	7,500,000	0
7,346,757 04/01/24 S SELL	70985387	100.0000	100.0000	0	0	7,346,757	7,346,757	0
5,887 04/03/24 B BUY	70985389	100.0000	100.0000	0	0	5,887	5,887	0
2,388 04/04/24 B BUY	70985392	100.0000	100.0000	0	0	2,388	2,388	0
1,030 04/05/24 B BUY	70985395	100.0000	100.0000	0	0	1,030	1,030	0
37,835 04/09/24 S SELL	70985399	100.0000	100.0000	0	0	37,835	37,835	0
6,102 04/19/24 B BUY	70985402	100.0000	100.0000	0	0	6,102	6,102	0
362 04/25/24 S SELL	70985404	100.0000	100.0000	0	0	362	362	0
7,000,000 04/29/24 B BUY	70985406	100.0000	100.0000	0	0	7,000,000	7,000,000	0
6,804,970 05/01/24 S SELL	70985412	100.0000	100.0000	0	0	6,804,970	6,804,970	0
77,228 05/02/24 S SELL	70985415	100.0000	100.0000	0	0	77,228	77,228	0
33,218 05/03/24 S SELL	70985417	100.0000	100.0000	0	0	33,218	33,218	0
702 05/06/24 B BUY	70985419	100.0000	100.0000	0	0	702	702	0
158,486 05/07/24 B BUY	70985422	100.0000	100.0000	0	0	158,486	158,486	0
1,766 05/08/24 B BUY	70985424	100.0000	100.0000	0	0	1,766	1,766	0
153,684 05/14/24 S SELL	70985427	100.0000	100.0000	0	0	153,684	153,684	0
1,782 05/15/24 B BUY	70985429	100.0000	100.0000	0	0	1,782	1,782	0
2,946 05/21/24 S SELL	70985432	100.0000	100.0000	0	0	2,946	2,946	0
43,911 05/29/24 S SELL	70985434	100.0000	100.0000	0	0	43,911	43,911	0
5,500,000 05/30/24 B BUY	70985436	100.0000	100.0000	0	0	5,500,000	5,500,000	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		EXPENSES	358,110,109	5% VALUE OF	NET GAIN
		PURCHASE PRICE	SELLING PRICE				
5,352,458	06/03/24 S SELL	100.0000	100.0000	0	5,352,458	5,352,458	0
62,327	06/04/24 S SELL	100.0000	100.0000	0	62,327	62,327	0
1,199	06/07/24 B BUY	100.0000	100.0000	0	1,199	1,199	0
106,803	06/10/24 B BUY	100.0000	100.0000	0	106,803	106,803	0
590	06/11/24 B BUY	100.0000	100.0000	0	590	590	0
106,803	06/14/24 S SELL	100.0000	100.0000	0	106,803	106,803	0
3,300,000	06/28/24 B BUY	100.0000	100.0000	0	3,300,000	3,300,000	0
3,369,437	07/01/24 S SELL	100.0000	100.0000	0	3,369,437	3,369,437	0
14,396	07/08/24 B BUY	100.0000	100.0000	0	14,396	14,396	0
8,077	07/09/24 B BUY	100.0000	100.0000	0	8,077	8,077	0
2,683	07/18/24 B BUY	100.0000	100.0000	0	2,683	2,683	0
40,804	07/19/24 S SELL	100.0000	100.0000	0	40,804	40,804	0
3,600,000	07/29/24 B BUY	100.0000	100.0000	0	3,600,000	3,600,000	0
1,742	07/30/24 B BUY	100.0000	100.0000	0	1,742	1,742	0
3,517,937	08/01/24 S SELL	100.0000	100.0000	0	3,517,937	3,517,937	0
126,885	08/05/24 S SELL	100.0000	100.0000	0	126,885	126,885	0
2,471	08/07/24 B BUY	100.0000	100.0000	0	2,471	2,471	0
594	08/16/24 B BUY	100.0000	100.0000	0	594	594	0
1,108	08/20/24 B BUY	100.0000	100.0000	0	1,108	1,108	0
594	08/22/24 S SELL	100.0000	100.0000	0	594	594	0
40,469	08/26/24 S SELL	100.0000	100.0000	0	40,469	40,469	0
3,800,000	08/30/24 B BUY	100.0000	100.0000	0	3,800,000	3,800,000	0
3,696,418	09/03/24 S SELL	100.0000	100.0000	0	3,696,418	3,696,418	0
3,216	09/06/24 B BUY	100.0000	100.0000	0	3,216	3,216	0
57,127	09/09/24 B BUY	100.0000	100.0000	0	57,127	57,127	0
8,375,815	09/12/24 B BUY	100.0000	100.0000	0	8,375,815	8,375,815	0
8,431,743	09/23/24 S SELL	100.0000	100.0000	0	8,431,743	8,431,743	0
7,819	09/27/24 B BUY	100.0000	100.0000	0	7,819	7,819	0
366,702	10/01/24 S SELL	100.0000	100.0000	0	366,702	366,702	0
342,719	10/02/24 B BUY	100.0000	100.0000	0	342,719	342,719	0
171,001	10/03/24 B BUY	100.0000	100.0000	0	171,001	171,001	0
2,400,000	10/04/24 B BUY	100.0000	100.0000	0	2,400,000	2,400,000	0
153,093	10/07/24 S SELL	100.0000	100.0000	0	153,093	153,093	0
2,420,422	10/08/24 S SELL	100.0000	100.0000	0	2,420,422	2,420,422	0
1,061	10/16/24 B BUY	100.0000	100.0000	0	1,061	1,061	0
4,932	10/17/24 B BUY	100.0000	100.0000	0	4,932	4,932	0
43,286	10/18/24 B BUY	100.0000	100.0000	0	43,286	43,286	0
1,893	10/22/24 S SELL	100.0000	100.0000	0	1,893	1,893	0
3,000,000	10/30/24 B BUY	100.0000	100.0000	0	3,000,000	3,000,000	0
2,836,228	11/01/24 S SELL	100.0000	100.0000	0	2,836,228	2,836,228	0
48,300	11/04/24 S SELL	100.0000	100.0000	0	48,300	48,300	0
555	11/05/24 B BUY	100.0000	100.0000	0	555	555	0
1,199	11/07/24 B BUY	100.0000	100.0000	0	1,199	1,199	0
3,283	11/20/24 B BUY	100.0000	100.0000	0	3,283	3,283	0
39,519	11/25/24 S SELL	100.0000	100.0000	0	39,519	39,519	0
3,100,000	11/26/24 B BUY	100.0000	100.0000	0	3,100,000	3,100,000	0
2,053	11/29/24 B BUY	100.0000	100.0000	0	2,053	2,053	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE	SELLING PRICE	BASED ON MARKET VALUE OF		EXPENSES	COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
				PURCHASE PRICE	SELLING PRICE				
3,264,186	12/02/24 S SELL	70985599	100.0000	0	3,264,186	0	3,264,186	3,264,186	0
3,681	12/06/24 B BUY	70985604	100.0000	0	3,681	0	3,681	3,681	0
422	12/10/24 S SELL	70985606	100.0000	0	422	0	422	422	0
342	12/11/24 S SELL	70985608	100.0000	0	342	0	342	342	0
97,508	12/13/24 B BUY	70985610	100.0000	0	97,508	0	97,508	97,508	0
97,508	12/18/24 S SELL	70985612	100.0000	0	97,508	0	97,508	97,508	0
2,702,870	12/30/24 B BUY	70985615	100.0000	0	2,702,870	0	2,702,870	2,702,870	0
62,365,659	59 TOTAL BUYS			0	62,365,659	0	62,365,659	62,365,659	0
62,092,486	39 TOTAL SELLS			0	62,092,486	0	62,092,486	62,092,486	0
124,458,145	SECURITY TOTAL			0	124,458,145	0	124,458,145	124,458,145	0
46699A9A6	JPMORGAN US GOVMT MKKT FUND CAPITAL SHARES - FUND								
	MONTHLY VARIABLE 12/31/2049								
BROKER 08000003	MEMO-MASTER NOTES/POOLED FUNDS								
1,070	01/02/24 B BUY	333	100.0000	0	1,070	0	1,070	1,070	0
1,070	01/30/24 S SELL	337	100.0000	0	1,070	0	1,070	1,070	0
1,070	01/31/24 B BUY	338	100.0000	0	1,070	0	1,070	1,070	0
4	02/01/24 B BUY	340	100.0000	0	4	0	4	4	0
1,074	02/27/24 S SELL	348	100.0000	0	1,074	0	1,074	1,074	0
1,074	02/28/24 B BUY	349	100.0000	0	1,074	0	1,074	1,074	0
4	03/01/24 B BUY	351	100.0000	0	4	0	4	4	0
1,078	03/28/24 S SELL	365	100.0000	0	1,078	0	1,078	1,078	0
1,082	04/01/24 B BUY	367	100.0000	0	1,082	0	1,082	1,082	0
1,082	04/29/24 S SELL	379	100.0000	0	1,082	0	1,082	1,082	0
1,082	04/30/24 B BUY	380	100.0000	0	1,082	0	1,082	1,082	0
4	05/01/24 B BUY	382	100.0000	0	4	0	4	4	0
1,087	05/30/24 S SELL	394	100.0000	0	1,087	0	1,087	1,087	0
1,087	05/31/24 B BUY	395	100.0000	0	1,087	0	1,087	1,087	0
5	06/03/24 B BUY	397	100.0000	0	5	0	5	5	0
1,092	06/28/24 S SELL	408	100.0000	0	1,092	0	1,092	1,092	0
1,096	07/01/24 B BUY	410	100.0000	0	1,096	0	1,096	1,096	0
1,096	07/29/24 S SELL	415	100.0000	0	1,096	0	1,096	1,096	0
1,096	07/30/24 B BUY	416	100.0000	0	1,096	0	1,096	1,096	0
5	08/01/24 B BUY	418	100.0000	0	5	0	5	5	0
1,101	08/30/24 S SELL	430	100.0000	0	1,101	0	1,101	1,101	0
1,105	09/03/24 B BUY	432	100.0000	0	1,105	0	1,105	1,105	0
8,431,743	09/23/24 B BUY	438	100.0000	0	8,431,743	0	8,431,743	8,431,743	0
8,431,743	09/25/24 S SELL	440	100.0000	0	8,431,743	0	8,431,743	8,431,743	0
3,600,000	09/30/24 B BUY	441	100.0000	0	3,600,000	0	3,600,000	3,600,000	0
3,064	10/01/24 B BUY	443	100.0000	0	3,064	0	3,064	3,064	0
3,600,000	10/02/24 S SELL	447	100.0000	0	3,600,000	0	3,600,000	3,600,000	0
4,169	10/04/24 S SELL	456	100.0000	0	4,169	0	4,169	4,169	0
158,461	10/07/24 B BUY	458	100.0000	0	158,461	0	158,461	158,461	0
154,292	10/08/24 S SELL	460	100.0000	0	154,292	0	154,292	154,292	0
4,169	10/30/24 S SELL	462	100.0000	0	4,169	0	4,169	4,169	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
4,169	10/31/24 B BUY	100.0000	0	4,169	4,169	0
512	11/01/24 B BUY	100.0000	0	512	512	0
4,681	11/26/24 S SELL	100.0000	0	4,681	4,681	0
4,681	11/27/24 B BUY	100.0000	0	4,681	4,681	0
17	12/02/24 B BUY	100.0000	0	17	17	0
4,698	12/30/24 S SELL	100.0000	0	4,698	4,698	0
4,698	12/31/24 B BUY	100.0000	0	4,698	4,698	0
12,217,129	23 TOTAL BUYS		0	12,217,129	12,217,129	0
12,212,432	15 TOTAL SELLS		0	12,212,432	12,212,432	0
24,429,561	SECURITY TOTAL		0	24,429,561	24,429,561	0
ABI9901N7 MERCER	LARGE CAP CORE PASSIVE EQUITY PORTFOLIO					
BROKER 0800102	MEMO					
33,740	01/29/24 S SELL	57.8100	0	1,664,540	1,950,507	285,968
43,981	02/26/24 S SELL	59.5500	0	2,169,788	2,619,085	449,297
201,174	02/28/24 B BUY	59.5600	0	11,981,941	11,981,941	0
32,208	03/27/24 S SELL	61.7400	0	1,660,483	1,988,495	328,013
27,147	04/26/24 S SELL	60.0300	0	1,399,575	1,629,626	230,051
30,966	05/29/24 S SELL	62.0800	0	1,596,461	1,922,355	325,894
86,792	07/19/24 B BUY	65.0200	0	5,643,232	5,643,232	0
23,550	09/25/24 B BUY	68.0400	0	1,602,323	1,602,323	0
1,712	10/03/24 S SELL	67.5100	0	91,105	115,609	24,503
43,365	10/29/24 S SELL	69.1300	0	2,307,066	2,997,821	690,755
30,454	11/26/24 S SELL	71.0500	0	1,620,165	2,163,726	543,562
2,691	12/30/24 S SELL	70.9500	0	143,153	190,912	47,759
311,516	3 TOTAL BUYS		0	19,227,496	19,227,496	0
246,264	9 TOTAL SELLS		0	12,652,336	15,578,136	2,925,802
557,780	SECURITY TOTAL		0	31,879,832	34,805,632	2,925,802

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
GENERAL INVESTMENTS			

VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS			
ABI995401 MERCER ACTIVE INTERMEDIATE CREDIT FIXED	PORTFOLIO	18,454,456	19,647,784
ABI997506 MERCER ACTIVE LONG CORPORATE FIXED INCOM	PORTFOLIO	74,641,453	63,472,565
ABI9998M3 MERCER EMERGING MARKETS EQUITY PORTFOLIO	974,860.800	12,836,804	11,776,319
ABI9966N9 MERCER GLOBAL LOWVOLATILITY PORTFOLIO OP	FUND USD	3,970,948	4,852,072
ABI9901N7 MERCER LARGE CAP CORE PASSIVE EQUITY POR	158,512.640	46,172,919	60,657,075
ABI9997M4 MERCER NON-US CORE EQUITY PORTFOLIO	867,893.470	24,116,158	27,334,427
ABI993406 MERCER OPPORTUNISTIC FIXED INCOME	1,006,792.880	30,843,632	33,584,178
ABI9998O9 MERCER PASSIVE LONG TERM GOVERNMENT FIXE	PORTFOLIO	88,806,035	68,291,713
ABI9908N0 MERCER US CORE OPEN-END FUND USD	3,691,443.940	23,000,000	19,492,761
ABI9977M8 MERCER US SMALL/MID CAP EQUITY PORTFOLIO	20,587.590	8,521,775	10,071,152
TOTAL VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS			

VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES			
48199ZVB5 JPM FEDERAL MONEY MARKET FUND INSTITUTIO	MONTHLY VARIABLE 08/07/2099	3,012,238	3,012,238
			319,180,046
			3,012,237.810

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
46699A9A6 JPMORGAN US GOVT MMKT FUND CAPITAL SHARE	MONTHLY VARIABLE 12/31/2049 4,698.280	4,698	4,698
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		3,016,936	3,016,936
TOTAL GENERAL INVESTMENTS		334,381,118	322,196,982
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