

<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: x-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 style="text-align: center;"><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; text-align: center;">2023</p> <hr/> <p style="text-align: center; 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 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**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) M

**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>EDGEWELL PERSONAL CARE COMPANY RETIREMENT PLANS MASTER TRUST</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>008</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>EDGEWELL PERSONAL CARE COMPANY</u></p> <p><u>6 RESEARCH DRIVE</u> <u>SHELTON, CT 06484</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>43-1863181</u></p> <hr/> <p><b>2c</b> Plan Sponsor's telephone number <u>203-944-5979</u></p> <hr/> <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.	07/11/2025	WILLIAM MON
	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>			
	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> <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 checked="" 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

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

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

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<b>SCHEDULE C</b> <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>Service Provider 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>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>EDGEWELL PERSONAL CARE COMPANY RETIREMENT PLANS MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>008</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EDGEWELL PERSONAL CARE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>43-1863181</b>	

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

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

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

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

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

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

**NORTHERN TRUST COMPANY OF CT**

**06-6275604**

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

**NORTHERN TRUST CORPORATION**

**36-2723087**

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

**NORTHERN TRUST INVESTMENTS, INC.**

**36-3608252**

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

**WILLIAM BLAIR FUNDS**

**36-4269427**

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

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

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

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

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

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

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

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

NISA INVESTMENT ADVISORS LLC

48-1140940

(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	387785	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

GAMCO INVESTORS, INC.

13-4044521

(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	242760	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"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <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>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>EDGEWELL PERSONAL CARE COMPANY RETIREMENT PLANS MASTER TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>008</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EDGEWELL PERSONAL CARE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>43-1863181</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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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER PASSIVE LONG GOVT FIXED INC

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

<b>c</b> EIN-PN <u>51-0560117-010</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59854959</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE INTERM CR FIXED INC

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

<b>c</b> EIN-PN <u>85-2621954-048</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55753294</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE LONG CORP FIXED INC

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

<b>c</b> EIN-PN <u>45-6178743-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55594705</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON-US CORE EQUITY PORTFOLIO

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

<b>c</b> EIN-PN <u>03-0566617-009</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22510416</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US LGE CAP CORE PASSIVE EQTY

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

<b>c</b> EIN-PN <u>03-0566613-005</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21376355</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR LARGE CAP GROWTH CIT

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

<b>c</b> EIN-PN <u>27-6331814-015</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15396554</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER EMERGING MARKETS EQUITY PORT

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

<b>c</b> EIN-PN <u>32-6219484-017</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11606257</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **INTERM US GOVT BOND INDEX NL CL A**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

<b>c</b> EIN-PN <b>90-0337967-209</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5063125</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NTGI COLTV GOVT SHORT TERM INV FUND**

**b** Name of sponsor of entity listed in (a): **NORTHERN TRUST INVESTMENTS INC**

<b>c</b> EIN-PN <b>45-6138589-068</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4814073</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLL RUSSELL 2000 INDEX FUND NL**

**b** Name of sponsor of entity listed in (a): **NORTHERN TRUST INVESTMENTS INC**

<b>c</b> EIN-PN <b>45-6138589-096</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>4585554</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

**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>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>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>EDGEWELL PERSONAL CARE COMPANY RETIREMENT PLANS MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>008</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EDGEWELL PERSONAL CARE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>43-1863181</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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	3	2
<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>	998923	72739
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<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>	22656125	26816436
<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>	231874108	256555291
<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>	0	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	
<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>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	255529159	283444468
<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>	931804	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	931804	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	254597355	283444468

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<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>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	435054	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	1564422	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	1191664	
<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>	4746942	
<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>		44545004
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		2852
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		50102610

**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>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	634208	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(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>	3800	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		638008
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		638008

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		49464602
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		7167511
(2) From this plan .....	<b>2l(2)</b>		27785000

**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:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

**c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)

**d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

**e** Was this plan covered by a fidelity bond?

**f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

**g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

**h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

**i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

**j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

**k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

**l** Has the plan failed to provide any benefit when due under the plan?

**m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

**n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

	Yes	No	Amount
<b>4a</b>			
<b>4b</b>		X	
<b>4c</b>		X	
<b>4d</b>		X	
<b>4e</b>			
<b>4f</b>			
<b>4g</b>			
<b>4h</b>			
<b>4i</b>	X		
<b>4j</b>	X		
<b>4k</b>			
<b>4l</b>			
<b>4m</b>			
<b>4n</b>			

**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 \_\_\_\_\_.

**5500 Supplemental Schedules**

Account number ENERP  
 Account Name

30 SEP 24

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b><i>Non-Interest Bearing Cash - USD</i></b>			
GBP - British pound sterling	1.770	1.77	1.77
USD - United States dollar	0.000	0.03	0.03
<b>Total - all currencies</b>		<b>1.80</b>	<b>1.80</b>
<b>Total Non-Interest Bearing Cash - USD</b>		<b>1.80</b>	<b>1.80</b>
<b><i>Corporate Stock - Common</i></b>			
<b>Canada - USD</b>			
BAUSCH HEALTH COMP COM NPV CUSIP: 071734107	5,000.000	67,660.94	40,800.00
NORTEL NETWORKS CORP NEW COM CUSIP: 656568508	15.000	107.70	0.01
TELESAT CORP CUSIP: 879512309	1,500.000	36,929.89	19,755.00
<b>Total Canada - USD</b>		<b>104,698.53</b>	<b>60,555.01</b>
<b>Italy - USD</b>			
CNH INDUSTRIAL NV COM STK CUSIP: N20944109	51,800.000	609,675.79	574,980.00
INTERNATIONAL GAME TECHNOLOGY COMMON STOCK CUSIP: G4863A108	800.000	8,408.69	17,040.00
<b>Total Italy - USD</b>		<b>618,084.48</b>	<b>592,020.00</b>
<b>Japan - USD</b>			
ADR SONY GROUP CORPORATION SPON ADS EACH REPR 1 ORD SHS CUSIP: 835699307	9,000.000	151,435.80	869,130.00
<b>Total Japan - USD</b>		<b>151,435.80</b>	<b>869,130.00</b>
<b>Mexico - USD</b>			
ADR GRUPO TELEVISA SA DE CV SPONSORED ADR REPSTG ORD PARTN SPONS ADR CUSIP: 40049J206	52,000.000	298,849.91	133,120.00
<b>Total Mexico - USD</b>		<b>298,849.91</b>	<b>133,120.00</b>

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

Account number ENERP  
 Account Name

30 SEP 24

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>Sweden - USD</b>			
MILLICOM INTERNATIONAL CELLULAR COM USD1.50 (POST-SUBD) CUSIP: L6388F110	5,284.000	117,865.57	143,302.08
<b>Total Sweden - USD</b>		<b>117,865.57</b>	<b>143,302.08</b>
<b>United Kingdom - USD</b>			
DIAGEO PLC SPONSORED ADR NEW CUSIP: 25243Q205	1,400.000	86,472.51	196,476.00
<b>Total United Kingdom - USD</b>		<b>86,472.51</b>	<b>196,476.00</b>
<b>United States - USD</b>			
ACTRADE FINL TECHNOLOGIES LTD COM STK CUSIP: 00507P102	42,400.000	1,194,045.80	0.00
AES CORP COM CUSIP: 00130H105	6,500.000	110,194.99	130,390.00
AMC NETWORKS INC CL A CUSIP: 00164V103	4,900.000	131,467.63	42,581.00
AMERICAN EXPRESS CO CUSIP: 025816109	1,000.000	40,952.49	271,200.00
AMETEK INC NEW COM CUSIP: 031100100	1,000.000	10,574.01	171,710.00
AMPCO-PITTSBURG CORP C/WTS 08-01-2025 (TO PUR COM) SER A CUSIP: 032037111	6,000.000	2,759.05	570.00
AMPCO-PITTSBURG CORP COM CUSIP: 032037103	7,000.000	25,341.21	14,000.00
ASTEC INDS INC COM CUSIP: 046224101	4,500.000	181,432.73	143,730.00
ATLANTA BRAVES HLDGS INC COM SER A CUSIP: 047726104	21,500.000	956,212.50	906,225.00
AUTONATION INC COM CUSIP: 05329W102	2,400.000	34,216.29	429,408.00
AVANGRID INC COM CUSIP: 05351W103	5,200.000	226,549.43	186,108.00
AZZ INC COM CUSIP: 002474104	1,600.000	58,111.76	132,176.00
BANK NEW YORK MELLON CORP COM STK CUSIP: 064058100	14,000.000	457,741.70	1,006,040.00

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

30 SEP 24

Account number ENERP  
 Account Name

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
BANK OF AMERICA CORP CUSIP: 060505104	6,500.000	148,157.77	257,920.00
BELLRING BRANDS INC COM USD0.01 CUSIP: 07831C103	2,662.000	25,845.03	161,636.64
BOEING CO COM CUSIP: 097023105	450.000	65,401.82	68,418.00
BRISTOL MYERS SQUIBB CO COM CUSIP: 110122108	3,500.000	192,229.52	181,090.00
BROWN FORMAN CORP CL A CL A CUSIP: 115637100	6,000.000	72,027.66	288,480.00
CARRIER GLOBAL CORPORATION COM USD0.01 WI CUSIP: 14448C104	13,900.000	223,508.10	1,118,811.00
CHAMPION HOMES INC CUSIP: 830830105	2,400.000	34,395.81	227,640.00
CHEMED CORP NEW COM CUSIP: 16359R103	100.000	1,910.21	60,097.00
CHURCHILL DOWNS INC COM CUSIP: 171484108	800.000	5,661.23	108,168.00
CLEAR CHANNEL OUTDOOR HOLDINGS INC COM USD0.01 CL'A' CUSIP: 18453H106	50,000.000	61,901.97	80,000.00
CRANE CO NEW COM CUSIP: 224408104	3,500.000	214,457.68	553,980.00
CRANE NXT CO COM USD1.00 CUSIP: 224441105	1,000.000	32,796.37	56,100.00
CTS CORP COM CUSIP: 126501105	1,400.000	11,111.13	67,732.00
CVS HEALTH CORP COM CUSIP: 126650100	2,500.000	133,444.87	157,200.00
DANA INC COM CUSIP: 235825205	13,500.000	154,780.04	142,560.00
DEERE & CO COM CUSIP: 244199105	1,000.000	25,142.86	417,330.00
DUCOMMUN INC DEL COM CUSIP: 264147109	3,800.000	86,628.31	250,154.00
ENPRO INC CUSIP: 29355X107	700.000	33,108.86	113,526.00

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

Account number ENERP  
 Account Name

30 SEP 24

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
FLOWSERVE CORP COM CUSIP: 34354P105	6,800.000	141,209.10	351,492.00
FORTUNE BRANDS INNOVATIONS INC USD0.01 CUSIP: 34964C106	2,200.000	59,399.23	196,966.00
FOX CORP CL B CL B CUSIP: 35137L204	9,066.000	267,868.27	351,760.80
FREEMPORT-MCMORAN INC CUSIP: 35671D857	15,200.000	174,745.36	758,784.00
GATX CORP COM CUSIP: 361448103	1,300.000	47,895.03	172,185.00
GENERAL MILLS INC COM CUSIP: 370334104	1,000.000	34,682.38	73,850.00
GENUINE PARTS CO COM CUSIP: 372460105	3,500.000	209,607.27	488,880.00
GORMAN RUPP CO COM CUSIP: 383082104	6,000.000	75,234.53	233,700.00
GRACO INC COM CUSIP: 384109104	2,540.000	37,162.11	222,275.40
GREIF INC. CUSIP: 397624107	2,500.000	65,126.12	156,650.00
GRIFFON CORP COM CUSIP: 398433102	1,500.000	22,405.52	105,000.00
HALLIBURTON CO COM CUSIP: 406216101	15,000.000	290,997.28	435,750.00
HENRY SCHEIN INC COMMON STOCK CUSIP: 806407102	700.000	48,895.04	51,030.00
HERC HLDGS INC COM CUSIP: 42704L104	3,400.000	86,220.18	542,062.00
INGERSOLL RAND INC COM CUSIP: 45687V106	3,000.000	81,188.00	294,480.00
ITT INC COM CUSIP: 45073V108	4,000.000	177,138.83	598,040.00
JPMORGAN CHASE & CO COM CUSIP: 46625H100	1,500.000	53,408.38	316,290.00
KELLANOVA COM USD0.25 CUSIP: 487836108	1,000.000	52,511.10	80,710.00

\*\* All or a portion of this security participates in Securities Lending.

5500 Supplemental Schedules

Account number ENERP  
 Account Name

30 SEP 24

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
LENNAR CORP CL B CL B CUSIP: 526057302	7,600.000	265,598.29	1,314,344.00
LIBERTY GLOBAL LTD. COM USD0.01 CLASS C CUSIP: G61188127	2,800.000	92,253.01	60,508.00
LIBERTY GLOBAL LTD. COMMON STOCK CUSIP: G61188101	11,000.000	263,165.58	232,210.00
MADISON SQUARE GARDEN ENTMT CORP CL A CUSIP: 558256103	2,322.000	44,816.64	98,754.66
MADISON SQUARE GARDEN SPORTS CORP CUSIP: 55825T103	2,200.000	147,373.40	458,172.00
MATTEL INC COM STOCK 1.00 PAR CUSIP: 577081102	6,500.000	63,588.87	123,825.00
MATTHEWS INTL CORP CL A CL A CUSIP: 577128101	9,000.000	204,079.38	208,800.00
MONDELEZ INTL INC COM CUSIP: 609207105	1,000.000	41,058.10	73,670.00
MORGAN STANLEY COM STK USD0.01 CUSIP: 617446448	2,000.000	48,752.75	208,480.00
MUELLER INDS INC COM CUSIP: 624756102	13,000.000	193,860.45	963,300.00
MYERS INDS INC COM CUSIP: 628464109	3,500.000	43,431.92	48,370.00
NATL FUEL GAS CO COM CUSIP: 636180101	5,000.000	253,710.28	303,050.00
O REILLY AUTOMOTIVE INC NEW COM USD0.01 CUSIP: 67103H107	500.000	12,772.56	575,800.00
OTIS WORLDWIDE CORP COM USD0.01 WI CUSIP: 68902V107	3,500.000	171,793.31	363,790.00
PACCAR INC COM CUSIP: 693718108	300.000	8,625.58	29,604.00
PARAMOUNT GLOBAL COM USD0.001 CL A CUSIP: 92556H107	14,600.000	406,273.78	319,156.00
PERRIGO COMPANY LIMITED COM EUR0.001 CUSIP: G97822103	3,000.000	106,712.25	78,690.00
PFIZER INC COM CUSIP: 717081103	5,400.000	165,224.79	156,276.00

\*\* All or a portion of this security participates in Securities Lending.

5500 Supplemental Schedules

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
PNC FINANCIAL SERVICES GROUP COM STK CUSIP: 693475105	800.000	57,025.25	147,880.00
POST HLDGS INC COM STK CUSIP: 737446104	2,100.000	54,242.63	243,075.00
REPUBLIC SVCS INC COM CUSIP: 760759100	1,100.000	44,390.16	220,924.00
ROLLINS INC COM CUSIP: 775711104	1,000.000	845.89	50,580.00
SCHLUMBERGER LTD COM COM CUSIP: 806857108	3,500.000	133,835.23	146,825.00
SCRIPPS E W CO OHIO CL A NEW COM STK CUSIP: 811054402	14,000.000	237,604.66	31,430.00
SINCLAIR INC CL A CUSIP: 829242106	17,100.000	255,201.00	261,630.00
SMUCKER J M CO COM NEW CUSIP: 832696405	1,000.000	113,511.32	121,100.00
SPHERE ENTERTAINMENT CO COM USD0.01 CLASS A CUSIP: 55826T102	2,322.000	38,643.58	102,585.96
ST JOE CO COM CUSIP: 790148100	6,300.000	115,961.53	367,353.00
STATE STR CORP COM CUSIP: 857477103	7,500.000	394,793.57	663,525.00
SYNOVUS FINL CORP COM NEW COM NEW CUSIP: 87161C501	5,000.000	83,762.27	222,350.00
T-MOBILE US INC COM CUSIP: 872590104	580.000	49,375.40	119,688.80
TEGNA INC COM CUSIP: 87901J105	5,200.000	80,767.20	82,056.00
TEJON RANCH CO COM CUSIP: 879080109	5,700.000	105,275.12	100,035.00
TELEPHONE & DATA SYS INC COM STK CUSIP: 879433829	19,700.000	464,628.73	458,025.00
TEXTRON INC COM CUSIP: 883203101	8,000.000	318,502.88	708,640.00
THE CAMPBELLS COMPANY CUSIP: 134429109	2,300.000	100,331.13	112,516.00

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

Account number ENERP  
 Account Name

30 SEP 24

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Corporate Stock - Common</b>			
<b>United States - USD</b>			
TOWNSQUARE MEDIA INC CL A CL A CUSIP: 892231101	1,500.000	11,324.73	15,240.00
TREDEGAR CORP INC CUSIP: 894650100	27,300.000	325,752.84	199,017.00
TRINITY IND INC COM CUSIP: 896522109	7,000.000	124,464.68	243,880.00
TRIUMPH GROUP INC NEW COM CUSIP: 896818101	2,800.000	40,099.08	36,092.00
TWIN DISC INC COM CUSIP: 901476101	13,500.000	154,021.28	168,615.00
U.S. CELLULAR CORP COM CUSIP: 911684108	3,600.000	155,963.65	196,740.00
VALMONT INDS INC COM CUSIP: 920253101	752.000	77,923.18	218,042.40
VULCAN MATERIALS CO COM CUSIP: 929160109	1,200.000	132,486.65	300,516.00
WALGREENS BOOTS ALLIANCE INC COM CUSIP: 931427108	11,900.000	281,620.01	106,624.00
WARNER BROS DISCOVERY INC CUSIP: 934423104	12,100.000	272,340.00	99,825.00
WASTE MGMT INC DEL COM STK CUSIP: 94106L109	200.000	7,662.03	41,520.00
WELLS FARGO & CO NEW COM STK CUSIP: 949746101	2,000.000	64,296.26	112,980.00
WK KELLOGG CO COM CUSIP: 92942W107	250.000	3,363.66	4,277.50
XYLEM INC COM CUSIP: 98419M100	300.000	9,076.00	40,509.00
ZIMMER BIOMET HLDGS INC COM CUSIP: 98956P102	300.000	21,287.12	32,385.00
<b>Total United States - USD</b>		<b>13,741,272.22</b>	<b>24,768,167.16</b>
<b>Total Corporate Stock - Common</b>		<b>15,118,679.02</b>	<b>26,762,770.25</b>

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

Account number ENERP  
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30 SEP 24

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Value of Interest in Common/Collective Trusts</b>			
<b>International Region - USD</b>			
CF MERCER NON-US CORE EQUITY PORTFOLIO FUND CUSIP: 767999014	770,376.990	17,839,026.36	22,510,415.65
<b>Total International Region - USD</b>		<b>17,839,026.36</b>	<b>22,510,415.65</b>
<b>United States - USD</b>			
CF INTERMEDIATE US GOVT BOND INDX NL SF CL A CMEW1 CUSIP: 66999SE99	204,007.410	2,562,174.19	2,701,058.11
CF INTERMEDIATE US GOVT BOND INDX NL SF CL A CMEW1 CUSIP: 6JY999H27	178,403.880	2,240,523.63	2,362,067.37
CF MERCER ACTIVE INTER CR FIXED INCOME PORT CUSIP: 6JY999H01	1,409,281.530	13,768,680.50	14,726,991.99
CF MERCER ACTIVE INTER CR FIXED INCOME PORT CUSIP: 66999SE73	1,013,848.340	9,910,094.27	10,594,715.15
CF MERCER ACTIVE INTER CR FIXED INCOME PORT CUSIP: 00999DO25	2,912,113.550	28,581,604.25	30,431,586.60
CF MERCER ACTIVE LONG CORP INV PORTFOLIO CUSIP: 00999DO33	1,622,840.040	28,659,812.97	30,314,651.95
CF MERCER ACTIVE LONG CORP INV PORTFOLIO CUSIP: 66999SE81	569,882.090	9,701,030.66	10,645,397.44
CF MERCER ACTIVE LONG CORP INV PORTFOLIO CUSIP: 6JY999H19	783,439.790	13,326,310.86	14,634,655.28
CF MERCER EMERGING MARKETS EQUITY PORTFOLIO CUSIP: 3J1999T56	880,596.120	10,543,468.79	11,606,256.86
CF MERCER PASSIVE LONG GOVT - FIXED INCOME PORTFOLIO CUSIP: 7P999LK37	2,957,260.830	59,500,950.45	59,854,959.20
CF MERCER US LARGE CAP CORE PASSIVE EQUITY PORTFOLIO CUSIP: 26999MA10	313,206.660	14,515,834.27	21,376,354.55
CF WILLIAM BLAIR LARGE CAP GROWTH COLLECTIVE INVESTMENT FUND CLASS MD CUSIP: 990379331	743,084.080	9,552,568.77	15,396,553.52
MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND - NON LENDING CUSIP: 003999315	74,688.160	3,861,267.33	4,585,554.28
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	4,814,072.650	4,814,072.65	4,814,072.65
<b>Total United States - USD</b>		<b>211,538,393.59</b>	<b>234,044,874.95</b>
<b>Total Value of Interest in Common/Collective Trusts</b>		<b>229,377,419.95</b>	<b>256,555,290.60</b>

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

Account number ENERP  
 Account Name

30 SEP 24

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
<b>United States - USD</b>			
ESC ALTABA INC ESCROW CUSIP: 021ESC017	1,200.000	0.00	45.36
RYMAN HOSPITALITY PPTYS INC COM CUSIP: 78377T107	500.000	19,044.43	53,620.00
<b>Total United States - USD</b>		<b>19,044.43</b>	<b>53,665.36</b>
EUR - Euro	0.000	0.00	0.00
GBP - British pound sterling	0.000	0.00	0.00
<b>Total - all currencies</b>		<b>0.00</b>	<b>0.00</b>
<b>Total Other</b>		<b>19,044.43</b>	<b>53,665.36</b>
<b>Total</b>		<b>244,515,145.20</b>	<b>283,371,728.01</b>

\*\* All or a portion of this security participates in Securities Lending.

5500 Supplemental Schedules

Account number ENERP  
 Account Name

1 OCT 23 - 30 SEP 24

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>Value of Interest in Common/Collective Trusts</b>									
<b>United States - USD</b>									
CF MERCER ACTIVE INTER CR FIXED INCOME P ORT CUSIP: 00999DO25	2,987,316.640	22 Dec 23	9.8100			0.00	29,305,576.20	29,305,576.20	0.00
CF MERCER ACTIVE INTER CR FIXED INCOME P ORT CUSIP: 6JY999H01	1,509,739.900	13 Feb 24	9.7700			0.00	14,750,158.77	14,750,158.77	0.00
CF MERCER ACTIVE LONG CORP INV PORTFOLIO CUSIP: 00999DO33	1,659,432.400	22 Dec 23	17.6600			0.00	29,305,576.20	29,305,576.20	0.00
CF MERCER ACTIVE LONG CORP INV PORTFOLIO CUSIP: 6JY999H19	867,146.310	13 Feb 24	17.0100			0.00	14,750,158.77	14,750,158.77	0.00
CF MERCER PASSIVE LONG GOVT - FIXED INCO ME PORTFOLIO CUSIP: 7P999LK37	-3,362,005.200	22 Dec 23		19.6100		0.00	68,481,903.15	65,928,921.97	-2,552,981.18
CF MERCER PASSIVE LONG GOVT - FIXED INCO ME PORTFOLIO CUSIP: 7P999LK37	-1,654,523.050	13 Feb 24		18.5700		0.00	33,695,006.94	30,724,493.10	-2,970,513.84
CF MERCER PASSIVE LONG GOVT - FIXED INCO ME PORTFOLIO CUSIP: 7P999LK37	-1,218,164.840	13 Feb 24		18.5700		0.00	24,817,717.54	22,621,321.10	-2,196,396.44

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 254,597,353.93

**5500 Supplemental Schedules**

Account number ENERP  
Account Name

1 OCT 23 - 30 SEP 24

◆ 5% Report - Part B

*Series of Non-Security Transactions with Same Party in Excess of 5%*

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Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 254,597,353.93

5500 Supplemental Schedules

Account number ENERP  
 Account Name

1 OCT 23 - 30 SEP 24

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
CF MERCER ACTIVE INTER CR FIXED INCOME P ORT CUSIP: 6JY999H01	Total acquisitions	1	14,750,158.77			0.00	14,750,158.77	14,750.158.77
	Total dispositions	7		993,198.28		0.00	981,478.27	993.198.28
CF MERCER ACTIVE INTER CR FIXED INCOME P ORT CUSIP: 00999DO25	Total acquisitions	2	29,935,435.93			0.00	29,935,435.93	29,935.435.93
	Total dispositions	6		1,361,222.58		0.00	1,353,831.68	1,361.222.58
CF MERCER ACTIVE LONG CORP INV PORTFOLIO CUSIP: 00999DO33	Total acquisitions	2	30,134,106.79			0.00	30,134,106.79	30,134.106.79
	Total dispositions	4		1,506,770.33		0.00	1,474,293.82	1,506.770.33
CF MERCER ACTIVE LONG CORP INV PORTFOLIO CUSIP: 6JY999H19	Total acquisitions	1	14,750,158.77			0.00	14,750,158.77	14,750.158.77
	Total dispositions	6		1,482,045.23		0.00	1,423,847.91	1,482.045.23
CF MERCER LONG STRIPS FIXED INCOME PORTF OLIO CUSIP: 00999DO41	Total acquisitions	1	8,373,021.77			0.00	8,373,021.77	8,373.021.77
	Total dispositions	3		7,745,770.43		0.00	8,373,021.77	7,745.770.43
CF MERCER PASSIVE LONG GOVT - FIXED INCO ME PORTFOLIO CUSIP: 7P999LK37	Total acquisitions	4	9,875,310.78			0.00	9,875,310.78	9,875.310.78
	Total dispositions	23		126,478,370.82		0.00	134,635,863.30	126,478.370.82
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	352	34,710,309.39			0.00	34,710,309.39	34,710.309.39
	Total dispositions	155		32,872,726.00		0.00	32,872,726.00	32,872.726.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 254,597,353.93

**5500 Supplemental Schedules**

Account number ENERP  
Account Name

1 OCT 23 - 30 SEP 24

◆ 5% Report - Part D

*Series of Transactions with Same Party in Excess of 5%*

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Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 254,597,353.93