

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1976
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EDWARD D. JONES & CO., L.P. 12555 MANCHESTER ROAD ST. LOUIS, MO 63131
2b	Employer Identification Number (EIN) 43-0345811
2c	Plan Sponsor's telephone number 314-515-2000
2d	Business code (see instructions) 523120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	STEVEN F. SHERWOOD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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 57189
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	6a(1) 49944 6a(2) 47254 6b 105 6c 7331 6d 54690 6e 0 6f 54690 6g(1) 52900 6g(2) 54690 6h 0
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:

2E 2F 2G 2J 2K 2S 2T 3B 3H

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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	001
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
EDWARD D. JONES & CO., L.P.		
43-0345811		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	55625701/075580	54690	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	172595884
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3640168974

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

214151588

c Additions: (1) Contributions deposited during the year**7c(1)**

16521510

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

4835123

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

96985183

▶ ROLLOVERS, TRANSFER IN, MISCELLANEOUS IN

(6) Total additions.....

7c(6)

118341816

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

332493404

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

50569045

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

109328475

▶ TRANSFERS OUT, MISCELLANEOUS OUT

(5) Total deductions.....

7e(5)

159897520

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

172595884

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EDWARD D. JONES & CO., L.P.	D Employer Identification Number (EIN) 43-0345811	

Part I	Service Provider Information (see instructions)
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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
EMPOWER ANNUITY INSURANCE COMPANY
06-1050034

(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)

EAIC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

06-1050034

(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?
12 37 54 62 65 15 38 59 63 28 50 61 64	RECORDKEEPER	1551268	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EAIC

06-1050034

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
EAIC	33 71	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.	
BLACKROCK ADVISORS LLC 100 BELLEVUE PKWY WILMINGTON, DE 19809	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EAIC	33 71	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.	
CAPITAL RESEARCH AND MANAGEMENT 333 S HOPE ST FL 55 LOS ANGELES, CA 90071-3061	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EAIC	33 71	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.	
CHAMPLAIN INVESTMENT PARTNERS LLC 180 BATTERY ST BURLINGTON, VT 05401	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
EAIC	33 71	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.
DODGE & COX 555 CALIFORNIA STREET 40TH FL SAN FRANCISCO, CA 94104	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EAIC	33 71	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.
HARTFORD FUNDS MANAGEMENT COMPANY 690 LEE ROAD WAYNE, PA 19087	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EAIC	33 71	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.
INVESCO ADVISERS INC 1331 SPRING STREET, NW ATLANTA, GA 30309	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
EAIC	33 71	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 MANAGEMENT INC 277 PARK AVENUE NEW YORK, NY 10012	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EAIC	33 71	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.	
LORD ABBETT & CO LLC 30 HUDSON STREET JERSEY CITY, NJ 07302	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EAIC	33 71	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.	
MASSACHUSETTS FINANCIAL SERVICES 500 BOYLSTON ST BOSTON, MA 02116	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
EAIC	63	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.	
EMPOWER ANNUITY INSURANCE COMPANY 8515 E. ORCHARD ROAD GREENWOOD VILLAG, CO 80111	DISTRIBUTION (12B-1) FEES LARGE CAP GROWTH I FUND (MANAGED BY T ROWE PRICE)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EAIC	33 71	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.	
VANGUARD GROUP INC 100 VANGUARD BOULEVARD MALVERN, PA 19355	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EDWARD D. JONES & CO., L.P.	D Employer Identification Number (EIN) 43-0345811

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: **BLACKROCK EQUITY DIVIDEND**

b Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

c EIN-PN 06-1050034-840	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 454485888
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GOLDMAN SACHS SMALL CAP V**

b Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

c EIN-PN 06-1050034-846	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319533319
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP GROWTH/MFS FD**

b Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

c EIN-PN 06-1050034-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 739294041
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T ROWE PRICE BLUE CHIP GROWTH TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 80-0470272-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 698349795
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SUSTAINABLE LG CAP GROWTH EQ FUND**

b Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

c EIN-PN 06-1050034-843	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133049041
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRUDENTIAL STABLE VALUE FUND**

b Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6994310-214	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92936245
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS EUROPACIFIC GROWTH**

b Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351399177
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a Name of MTIA, CCT, PSA, or 103-12 IE: CHAMPLAIN MID CAP FUND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-857	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 388348917
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a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT BOND DENENTURE

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-862	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209104042
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON GROWTH OPPORTUNITIES

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-860	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295312624
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a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT CORE

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-861	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 185387515
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-858	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 260355517
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON DIVIDEND GROWTH FUND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 303898893
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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**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**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**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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 EDWARD D. JONES & CO., L.P.	D Employer Identification Number (EIN) 43-0345811	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	58	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300538132	369249117
(2) Participant contributions	1b(2)	857477	2078906
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	115312393	791286040
(10) Value of interest in pooled separate accounts	1c(10)	1831863752	3640168974
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6222954309	5619612387
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	214151588	172595884
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	8685677709	10594991308
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	666317	680678
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	666317	680678
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8685011392	10594310630

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)	369249151	
(B) Participants	2a(1)(B)	525514111	
(C) Others (including rollovers)	2a(1)(C)	70703001	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		965466263
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	4835123	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4835123
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	116143894	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		116143894
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		52897629
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1007642610
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		487275161
c Other income	2c		1831277
d Total income. Add all income amounts in column (b) and enter total	2d		2636091957

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	725239208	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		725239208
f Corrective distributions (see instructions)	2f		2243
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	1541043	
(3) Recordkeeping fees.....	2i(3)	0	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	10225	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1551268
j Total expenses. Add all expense amounts in column (b) and enter total	2j		726792719

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1909299238
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: **PRICEWATERHOUSECOOPERS**

(2) EIN: **13-4008324**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☒		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☒		

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EDWARD D. JONES & CO., L.P.	D Employer Identification Number (EIN) 43-0345811

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708 22-1211670 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase ☐ Decrease ☐ Both ☐ No
---	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☒ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

Edward D. Jones & Co.

Profit Sharing and 401(k) Plan

**Financial Statements as of December 31, 2023 and 2022
and for the Year Ended December 31, 2023, Supplemental
Schedule at December 31, 2023, and Report of Independent
Auditors**

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's rules and regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of the Edward D. Jones & Co. Profit Sharing and 401(k) Plan

Opinion

We have audited the accompanying financial statements of the Edward D. Jones & Co. Profit Sharing and 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

St. Louis, Missouri

October 14, 2024

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

(Dollars in thousands)

	2023	2022
Assets		
Investments, at fair value (Note 3):		
Mutual funds	\$ 5,619,612	\$ 6,222,954
Separate accounts	3,640,169	1,831,864
Collective investment trust	698,350	-
Total investments at fair value	9,958,131	8,054,818
Investments, at contract value (Note 4):		
Stable value fund	265,532	329,464
Receivables:		
Partnership contributions	369,249	300,538
Participant contributions	2,079	857
Total receivables	371,328	301,395
Total assets	\$ 10,594,991	\$ 8,685,677
Liabilities		
Administrative fees payable	\$ 681	\$ 666
Total liabilities	\$ 681	\$ 666
Net assets available for benefits	<u>\$ 10,594,310</u>	<u>\$ 8,685,011</u>

The accompanying notes are an integral part of these financial statements.

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2023

(Dollars in thousands)

2023

Additions

Investment income:

Net appreciation in fair value of investments	\$ 1,547,816
Interest and dividends	120,979
Other income	1,831

Total net investment income	1,670,626
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Contributions:

Participant	525,514
Partnership	369,249
Rollover	70,703

Total contributions	965,466
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Total additions	2,636,092
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Deductions

Benefits paid to participants	725,242
Administrative expenses	1,551

Total deductions	726,793
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Net increase	1,909,299
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Net assets available for benefits

Beginning of year	8,685,011
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End of year	\$ 10,594,310
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The accompanying notes are an integral part of these financial statements.

**Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022**

(Dollars in thousands, except per participant data)

1. Plan Description

The following description of the Edward D. Jones & Co. Profit Sharing and 401(k) Plan (the "Plan") is provided for general informational purposes only. More complete information regarding the Plan's provisions may be found in the Plan document, as amended, and the Summary Plan Description (the "SPD").

General

The Plan is a defined contribution profit sharing and 401(k) plan established by Edward D. Jones & Co., L.P. (the "Partnership") under the provisions of Section 401(a) of the Internal Revenue Code of 1986, as amended (the "Code"). The Plan includes a qualified cash or deferred arrangement, as described in Section 401(k) of the Code, for the benefit of eligible employees, General Partners, and Service Partners of the Partnership's parent company, The Jones Financial Companies, L.L.P. ("JFC"), and employees of certain affiliates of the Partnership. The Plan is subject to the provisions of ERISA.

Profit Sharing Eligibility

Employees, General Partners, and Service Partners become eligible to participate in the profit sharing portion of the Plan on the July 1st following the date the participant commences services. All eligible participants must be active with the Partnership or certain affiliates on December 31st of the applicable Plan Year as defined by January 1st - December 31st (the "Plan Year") and must have been compensated for at least 1,000 hours during the applicable Plan Year to receive an allocation of that year's profit sharing contribution. Special rules apply in the case of reemployment, death, disability, or retirement during the Plan Year. Partnership profit sharing contributions are made solely at the Partnership's discretion.

Service Partners become eligible to participate in the additional profit sharing portion of the Plan on the first day of the month concurrent with or following the date the participant commences services as a Service Partner. All eligible participants must be a Service Provider as of the date the contribution is allocated or must have entered the Retirement Transition Program during the Plan Year and continuously remained an employee until December 31st of the applicable Plan Year. Service Partner profit sharing contributions are made solely at the Partnership's discretion.

401(k), Roth, After-Tax, and Match Eligibility

Full-time employees, General Partners, and Service Partners are immediately eligible to participate in the 401(k) portion of the Plan and may make before-tax, Roth, and after-tax contributions.

Part-time, on-call, and seasonal employees who are compensated for at least 1,000 hours during the first year of employment or during any subsequent Plan Year and who have reached age 21 are eligible to participate in the 401(k) portion of the Plan. Once a part-time, on-call, or seasonal employee becomes eligible to participate in the 401(k) portion of the Plan, the employee is not required to be compensated for 1,000 hours in subsequent years to continue making 401(k), Roth, and after-tax contributions.

A participant in the 401(k) portion of the Plan becomes eligible to participate in the matching contribution portion of the Plan as of the January 1st following the date the participant commences services. An eligible participant must be compensated for at least 1,000 hours during the applicable Plan Year and be employed by the Partnership on December 31st of the applicable Plan Year to be eligible for a Partnership matching contribution, up to \$500 per participant. Currently, eligibility for Partnership matching contributions is limited to home office associates and U.S.-based client support team professionals who are non-highly compensated employees for the applicable Plan Year, as treated under the terms of the Plan. Partnership matching contributions are made solely at the Partnership's discretion.

**Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022**

(Dollars in thousands, except per participant data)

1. Plan Description (continued)

Contributions

Eligible participants can contribute before-tax amounts and/or Roth contributions up to the lesser of (1) 75% of such participant's annual compensation, as defined in the Plan ("Plan Compensation"), or (2) annually adjusted Internal Revenue Service ("IRS") limits, including catch-up contributions for participants who have attained age 50. In addition, eligible participants can contribute after-tax amounts up to the lesser of (1) 25% of such participant's Plan Compensation or (2) the Plan specified dollar amount for the year. The specified after-tax dollar amount was \$10,500 for the 2023 Plan Year. Combined elective deferrals may not exceed 100% of compensation. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect otherwise. Automatically enrolled participants have their pre-tax deferral rate set at 5% of eligible Plan Compensation, and their contributions are invested in the Plan's qualified default investment alternative until changed by the participant. The deferral rate for participants who are automatically enrolled in the Plan increases by 1% annually until such percentage reaches 10%, unless changed by the participant.

Partnership profit sharing contributions are allocated based on the ratio of each eligible participant's Plan Compensation to the total Plan Compensation of all eligible participants for the Plan Year, subject to the IRS compensation limit.

Service Partner profit sharing contributions are equal to a percentage of each Service Partner's Plan Compensation, subject to a compensation limit. The contribution percentage is determined by the Partnership and varies based on the Service Partner's age as of the end of the Plan Year.

Matching contributions may be made on a discretionary basis to the Plan for non-highly compensated eligible associates up to \$500 per eligible participant each Plan Year.

Vesting

Participants are 100% vested at all times in both participant contributions and Partnership contributions.

Distributions

Terminated participants are paid their entire account balance as soon as practicable following termination if the value of their account is \$1,000 or less. Terminated participants generally may leave their account in the Plan if the value of their account is greater than \$1,000. Available payment options include a lump sum, installments, non-periodic payments, or a combination of installment and non-periodic payments.

Upon the death of a participant, the participant's account is distributed to his or her spouse or other designated beneficiaries. Upon a retired participant turning 73, the participant must begin required minimum distributions.

In-service hardship withdrawals of participant contributions and Partnership contributions and non-hardship withdrawals of regular (non-Roth) after-tax and rollover contributions are allowed with certain restrictions. A participant's entire Plan account may also be withdrawn on such participant's attainment of age 59 $\frac{1}{2}$.

Additional distribution options are permitted for participants performing qualified military service.

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022

(Dollars in thousands, except per participant data)

1. Plan Description (continued)

Participant Accounts

If applicable, each participant's account is credited with the participant's pre-tax, Roth, after-tax contributions, and associated Plan earnings. In addition, each participant's account may be credited with an allocation of the Partnership's matching contributions, profit sharing contributions, additional profit sharing contributions for certain Service Partners, and associated Plan earnings. All Partnership contributions are discretionary, and these contributions are typically made to eligible participant accounts within the first two months following the Plan year end. Plan shares are unitized and re-valued daily.

Plan Administration

The Partnership has the authority to amend or terminate the Plan subject to certain regulations. In addition, the Partnership appoints members to the Administrative Committee and the Investment and Education Committee. The Administrative Committee serves as the Plan Administrator, and as such has the authority to construe, interpret and administer all provisions of the Plan and determine a participant's eligibility for benefits, among other duties and authorities. The Investment and Education Committee has the authority to determine investment funds made available under the Plan and to develop and oversee the implementation of any investment education program. Prior to March 31, 2023, Prudential Bank & Trust, FSB ("PB&T") served as the trustee. PB&T was merged into Empower Trust Company, LLC effective March 31, 2023, and is now the trustee of the Plan, with the authority and responsibility to hold, manage, and protect plan assets in accordance with the provisions of the Plan and separate trust agreement. Prior to April 1, 2022, Prudential Services ("Prudential Retirement") served as recordkeeper of the Plan. Empower Annuity Insurance Company ("Empower") purchased Prudential Retirement effective April 1, 2022 and is the recordkeeper of the Plan with the authority and responsibility to manage participant accounts and administer benefit payments.

Investment Options

The Plan offers seven investment portfolios as investment options for contributions. The composition of each portfolio is determined by the Investment and Education Committee and is generally made up of mutual funds, collective investment trusts, and investments in separate accounts of Empower Annuity Insurance Company ("EAIC"). Empower purchased Prudential Retirement Insurance and Annuity Company ("PRIAC") on April 1, 2022 and renamed PRIAC to be EAIC on October 3, 2022.

Participants may direct contributions into a diverse range of specific mutual funds, separate accounts, a collective investment trust ("CIT"), and a stable value fund, that fall within five investment categories. Participants may change their investment elections at any time, subject to any frequent trading restrictions, and other rules and/or requirements set forth by the Administrative Committee. Investment categories and asset classes in each category are as follows:

- *Aggressive Growth* – Emerging Markets
- *Small & Mid Cap* – U.S. and International Small- and Mid-cap Stocks
- *Large Cap* – U.S. and International Large-cap Stocks
- *Income* – U.S. Investment-grade Bonds, International Bonds, and High-yield Bonds
- *Stable Value Fund* – Cash and cash equivalents.

**Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022**

(Dollars in thousands, except per participant data)

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from these estimates.

Valuation of Investments and Income Recognition

The Plan's investments are required to be reported at fair value, except for fully benefit-responsive investment contracts. See Note 3 for a discussion of fair value measurements. For the portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts, contract value is the relevant measure because it is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan (see Note 4). Purchases and sales are reflected on the trade date. Interest and dividend income are recorded when earned. Gains and losses on sales are based on specific identification of investments sold. All investment decisions are participant directed; however, the Investment and Education Committee determines the investments included within each investment portfolio within the Plan.

Net appreciation or depreciation of investments is composed of the net increase or decrease in fair value of investments, incorporating realized and unrealized gains and losses of investments held during the Plan year and at year-end.

Fair Value

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price).

The Plan's investments recorded at fair value in the Statements of Net Assets Available for Benefits are categorized based upon the level of judgment associated with the inputs used to measure their fair value. Hierarchical levels, defined by Financial Accounting Standards Board, Accounting Standards Codification No. 820, *Fair Value Measurements and Disclosures*, with the related amount of subjectivity associated with the inputs to value these assets at fair value for each level, are as follows:

Level I – Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

The assets categorized as Level I in the Plan are mutual funds. Prices of these funds are based on the Net Asset Value ("NAV") calculated by the funds and are publicly reported on national exchanges. Although the prices are listed on national exchanges, exiting the investment is generally only accomplished through redemption with the fund itself. Thus, redemption with the fund is the principal market in which the Plan could exit the investments. The funds redeem shares at the NAV with few restrictions and redemption with the funds is an active market.

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022

(Dollars in thousands, except per participant data)

2. Summary of Significant Accounting Policies (continued)

Fair Value (continued)

Level II – Inputs (other than quoted prices included in Level I) are either directly or indirectly observable for the asset or liability through correlation with related market data at the measurement date and for the duration of the instrument's anticipated life.

The assets categorized as Level II in the Plan include pooled separate accounts, valued daily based on the market value of the underlying assets held in a segregated account for the benefit of the investors in each separate account. The majority of the underlying net assets have observable Level 1 and/or 2 quoted pricing inputs which are used to determine the unit value, which is not publicly quoted on national exchanges. Since these values are observable and investors trade regularly based on these values, all of the investments in the separate accounts have been categorized as Level II in the disclosure hierarchy.

Level III – Inputs are both unobservable and significant to the overall fair value measurement. These inputs reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and the risk inherent in the inputs to the model. The Plan did not have any financial assets categorized as Level III during the years ended December 31, 2023 and 2022.

The Plan also includes a CIT, which is a trust for the collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one plan. The Plan values these investments at unit value, which is based on the aggregate fair value of the underlying assets (primarily equity securities and bonds) in relation to the total number of units outstanding. The unit value represents the price at which the participant-directed transactions are affected. Unit value is the equivalent of NAV, which is used as a practical expedient for estimating the fair value of these investments. The redemption frequency is daily and there are no unfunded commitments or redemption restrictions.

The Plan did not have any financial liabilities categorized as Level I, II, or III during the years ended December 31, 2023 and 2022.

Risks and Uncertainties

The Plan provides for various investment options in registered investment companies (mutual funds) representing varying combinations of stock, fixed income and other investment securities. The Plan also provides custom plan investments options including separate accounts, a CIT, and a stable value fund. Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Other Income

Other income includes \$254 of sub-transfer agent fees or other similar fees derived from the investment funds of the Plan, which are calculated by the recordkeeper of the Plan based on the dollar value of Plan assets held at the mutual fund companies. Any income derived from these types of fees is credited to the accounts of the participants who were invested in the specific investment funds that generated such fees.

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022

(Dollars in thousands, except per participant data)

2. Summary of Significant Accounting Policies (continued)

Other Income (continued)

Other income also includes the fixed, asset-based recordkeeping fee charged to Plan participants, which totaled \$1,577 in 2023 and has an offsetting amount reflected in the benefits paid to participants. This recordkeeping fee is used to pay the administrative expenses of the Plan. In accordance with the Plan document, if the amount deducted from participants' accounts exceeds the amount of the administrative expenses actually incurred by the Plan, the excess amount will be credited back to the participants' accounts. If the amount deducted from participants' accounts is less than the amount of administrative expenses actually incurred by the Plan, the shortfall will be paid either through additional deductions from participants' accounts or by the Partnership.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses were \$1,551 for the year ended December 31, 2023. These expenses were primarily recordkeeping fees paid to Empower.

3. Investments

The Plan's investments are held in a trust fund sponsored by the Partnership. As of December 31, 2023 and 2022, the fair value of the Plan's investments was \$9,958,131 and \$8,054,818, respectively. During the year ended December 31, 2023, the Plan's investments (including investments bought, sold, and held during the year) appreciated by \$1,547,816.

The following table sets forth the Plan's financial assets measured at fair value as of:

	December 31, 2023			
	Level I	Level II	Level III	Total
Mutual funds	\$ 5,619,612	\$ -	\$ -	\$ 5,619,612
Separate accounts	-	3,640,169	-	3,640,169
Total assets in the fair value hierarchy	<u>\$ 5,619,612</u>	<u>\$ 3,640,169</u>	<u>\$ -</u>	<u>\$ 9,259,781</u>
Collective investment trust *				698,350
Total assets at fair value				<u>\$ 9,958,131</u>

* The Plan excludes from the fair value hierarchy investments that are measured at NAV per share (or its equivalent) as a practical expedient to estimate fair value.

	December 31, 2022			
	Level I	Level II	Level III	Total
Mutual funds	\$ 6,222,954	\$ -	\$ -	\$ 6,222,954
Separate accounts	-	1,831,864	-	1,831,864
Total assets at fair value	<u>\$ 6,222,954</u>	<u>\$ 1,831,864</u>	<u>\$ -</u>	<u>\$ 8,054,818</u>

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022

(Dollars in thousands, except per participant data)

4. Stable Value Fund

The Plan offers a stable value investment option, the Edward Jones Stable Value Fund (the "Fund"). The Fund invests in a traditional and a synthetic guaranteed investment contract (the "GICs"). The traditional GIC is an investment in the Empower Guaranteed Long Term Fund which uses deposits from the Fund to purchase investments held in the general account of EAIC. EAIC is contractually obligated to repay the principal and a specified rate of interest. The synthetic GIC consists of an investment owned directly by the Plan in the Empower Core Intermediate Bond Fund and a wrapper contract issued by Empower. The wrapper contract guarantees full payment of principal and interest guaranteed not to fall below a stated minimum. The wrapper contract amortizes realized and unrealized gains and losses on the underlying fixed income investments, over the duration of the investment through adjustments to the future interest crediting rate, not to result in a future rate less than zero.

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The following table disaggregates contract value between the types of investment contracts held by the Plan:

	December 31,	
	2023	2022
Traditional GIC	\$ 172,596	214,152
Synthetic GIC	92,936	115,312
Total	<u>\$ 265,532</u>	<u>\$ 329,464</u>

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contracts is dependent on the third-party issuers' (EAIC & Empower Annuity Insurance Company of America ("EAICA")) ability to meet their financial obligations. The issuers' ability to meet contractual obligations may be affected by future economic and regulatory developments.

While the Plan Sponsor does not believe that the occurrence of any such events is probable, certain events such as a materially adverse change affecting the provisions of the Plan may limit the ability of the Plan to transact at contract value with participants in the Plan. In addition, certain events such as a material breach of contract obligation by the Plan would allow the issuers to terminate the contracts and settle at an amount different from contract value.

5. Income Tax Status

The IRS determined and informed the Plan by a letter dated October 31, 2017 that the Plan was designed in accordance with applicable sections of the Code. The Partnership believes the Plan, as last amended, remains in compliance with the applicable requirements of the Code.

**Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2023 and 2022**

(Dollars in thousands, except per participant data)

5. Income Tax Status (continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examination for years prior to 2020.

6. Party-in-Interest Transactions

EAIC is the broker of record for the Plan. The Partnership does not receive any 12b-1, marketing, or other fees from the Plan's investments. In addition, all sub-transfer agent fees received by the Plan are credited to participant accounts as described in the Other Income footnote.

Empower manages the separate accounts and the stable value fund. Empower Trust Company ("ETC") is the trustee of the Plan and, therefore, these transactions are permitted party-in-interest transactions under provisions of ERISA and the regulations promulgated thereunder.

The Partnership is responsible for certain administrative expenses such as legal and audit fees, which are not reimbursed by the Plan.

7. Plan Termination

Although it has not expressed any intent to do so, the Partnership has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

8. Subsequent Events

The Partnership has evaluated subsequent events of the Plan for recognition or disclosure through October 14, 2024, the date these financial statements were available to be issued. Effective January 1, 2024, the Plan was amended to increase the after-tax dollar amount participants may contribute to \$11,500. There have been no other events identified that would require adjustment to or disclosure in the financial statements.

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2023

(Dollars in thousands, except per participant data)

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer or Borrower	Description of Investments	Cost	Current Value
<u>Mutual Funds</u>				
	American Funds AMCAP Fund	Mutual Fund	\$	200,898
	American Funds Capital Income Builder Fund	Mutual Fund		120,417
	American Funds Capital World Bond Fund	Mutual Fund		86,584
	American Funds Capital World Growth and Income Fund	Mutual Fund		416,939
	American Funds Fundamental Investors Fund	Mutual Fund		598,170
	American Funds Income Fund Of America Fund	Mutual Fund		147,832
	American Funds New Perspective Fund	Mutual Fund		492,593
	American Funds New World Fund	Mutual Fund		329,077
	American Funds Small Cap World Fund	Mutual Fund		401,965
	American Funds The Bond Fund of America Fund	Mutual Fund		155,152
	American Funds US Government Securities Fund	Mutual Fund		26,624
	American Funds Washington Mutual Fund	Mutual Fund		484,114
	Blackrock Global Allocation Instl	Mutual Fund		38,284
	Dodge & Cox Income Fund	Mutual Fund		433,455
	Dodge & Cox International Stock Fund	Mutual Fund		395,421
	Invesco Comstock Fund	Mutual Fund		399,150
	JPMorgan Core Bond Fund	Mutual Fund		113,232
	Lord Abbett Total Return Fund	Mutual Fund		132,682
	MFS Corporate Bond Fund	Mutual Fund		42,097
	Neuberger Berman Genesis Fund	Mutual Fund		72,796
	Vanguard FTSE All World Index Fund	Mutual Fund		41,186
	Vanguard Large Cap Index Fund	Mutual Fund		272,386
	Vanguard Mid Cap Index Fund	Mutual Fund		97,876
	Vanguard Small Cap Index Fund	Mutual Fund		83,336
	Vanguard Total Bond Market Index Fund	Mutual Fund		37,346
	Total Mutual Funds		\$	5,619,612

Note: This schedule reports those assets required to be reported under ERISA section 25020.102.11 and form 5500 Schedule H, line 4i.

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2023

(Dollars in thousands, except per participant data)

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer or Borrower	Description of Investments	Cost	Current Value
*	<u>Empower Insurance Company Separate Accounts</u>			
	American Funds Europacific Growth Fund	Separate Account	\$	351,399
	Blackrock Equity Dividend Fund	Separate Account		454,486
	Champlain Mid Cap Fund	Separate Account		388,349
	Goldman Sachs Small Cap Value Fund	Separate Account		319,533
	Large Cap Growth / MFS Fund	Separate Account		739,294
	Lord Abbett Bond Debenture Fund	Separate Account		209,104
	Lord Abbett Core Fixed Income Fund	Separate Account		185,387
	MFS Mid Cap Value Fund	Separate Account		260,356
	Sustainable Large Cap Growth Equity Fund	Separate Account		133,049
	Wellington Dividend Growth Fund	Separate Account		303,899
	Wellington Growth Opportunities Fund	Separate Account		295,313
	Total Separate Accounts		\$	3,640,169
*	<u>Collective Investment Trust</u>			
	T. Rowe Price Blue Chip Growth Trust Fund	Collective Investment Trust	\$	698,350
**	<u>Synthetic GICs</u>			
	Empower Core Intermediate Bond Fund	Common/Collective Trust	\$	80,920
	Empower Annuity Insurance Company	Wrapper contract number GA-64317		12,016
	Total synthetic GICs		\$	92,936
**	<u>Separate Account GIC</u>			
	Empower Guaranteed Long Term Fund	Contract number GA-2020-IA-0805	\$	172,596
TOTAL PLAN ASSETS				\$ 10,223,663

* Denotes party-in-interest to the Plan.

** Investment held by the Empower Stable Value Fund.

Information for Completion of Form 5500 Schedule C: Service Provider Information

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023

Service Provider and Fee Information

Information on Service Providers Receiving Direct or Indirect Compensation, Other Than Eligible Indirect Compensation

Direct Compensation Paid by the Plan

Name of Service Provider/Payee	EIN or Address of Service Provider/Payee	Nature of Service
Prudential Retirement Insurance and Annuity Company	06-1050034	Miscellaneous Administration Fees
Prudential Retirement Insurance and Annuity Company	06-1050034	Recordkeeping and information management
Prudential Retirement Insurance and Annuity Company	06-1050034	Transaction Charge

The compensation described in this section is reported on a cash basis for your plan year and does not include fees that we billed to you directly, because we cannot identify whether such payments were made from assets of the plan or by the employer or another non-reportable payment source. Please refer to the bills that you received to obtain information that may be necessary to complete your Schedule C.

The fees reported in this section are categorized as direct compensation based on how the transactions that we process are coded and recorded in our recordkeeping system and reflected on your client statement. Please review the transactions in both this report and your client statement carefully.

Any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

To assist you with your reporting obligations, this report includes, if applicable, the information in our records for any payments that we made to other service providers at your direction. For those payments, please refer to the plan's records to obtain additional information that may be necessary to complete your Schedule C. The information reported in this section for such payments is limited to amounts that were coded as payments of plan expenses on our recordkeeping system and the name of the service provider payee.

Information for Completion of Form 5500 Schedule C: Service Provider Information

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023

Service Provider and Fee Information

Information on Service Providers Receiving Direct or Indirect Compensation, Other Than Eligible Indirect Compensation

Indirect Compensation, Other Than Eligible Indirect Compensation

Generally, indirect compensation is reported on a calendar year basis. Fees are disclosed in basis points (“bps”) and are expressed as annual fee rates on the amount invested. Unless otherwise noted, for plans with non-calendar fiscal years, fee schedules are for the calendar year ending within your plan year. Note for Short Plan Years - The information in this report is based on the prior calendar year. For more current information, please refer to your account documentation or contact your Prudential Client Service Representative.

Any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

For Prudential Retirement Insurance and Annuity Company Alliance funds that may have converted to sub-advised funds during the year, this report includes the fees in effect both before and after the conversion. Please refer to the communications you received for more information regarding which Alliance funds converted and the dates they converted.

This report lists as payees the individual names of any plan sponsor employees that received potentially reportable non-monetary compensation (e.g., gifts, meals, or other entertainment) from us, because we do not have the information necessary to determine whether those employees are reportable on the plan’s Schedule C. For those entries, if any, we listed the plan sponsor’s name in the EIN or address column.

We allocated non-monetary compensation provided or received in connection with your plan in three different ways: (1) if the compensation related specifically to your plan, the specific amount was allocated to the plan; (2) if the compensation related to a commingled investment account in which your plan invests, and your plan was invested in the account on December 31st, your plan was allocated a pro rata portion of the compensation attributable to the account based on the assets invested in the account by your plan and other plans as of December 31st, and/or (3) if the compensation related to a business relationship encompassing other clients, then your plan’s share of the total, based on the percentage your plan represents of the total book of business, was allocated to your plan.

The information contained in this report is generally limited to information contained in our ordinary business records. This report, however, may include some limited information that third parties (e.g., sub-advisors and bank collective trusts) provided to us, which we included for your convenience.

If you have questions about the contents of this report, please contact your Prudential Client Service Representative.

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Prudential Investment Management Services LLC	T. Rowe Price Blue Chip Growth Advisor	25.000 BPS from 1/1/2023 to 12/31/2023	Distribution (12b-1) Fees	Large Cap Growth I Fund (managed by T. Rowe Price)
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	11.600 BPS	insurance services, investment management	
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	11.380 BPS	insurance services, investment management	
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	11.760 BPS	insurance services, investment management	
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	11.400 BPS	insurance services, investment management	
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	11.230 BPS	insurance services, investment management	
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	11.210 BPS	insurance services, investment management	
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	3.310 BPS	insurance services, investment management	
Prudential Retirement Insurance and Annuity Company	Prudential Retirement Insurance and Annuity Company	11.610 BPS	insurance services, investment management	
Dodge & Cox	Dodge & Cox International Stock X	55.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Dodge & Cox	Dodge & Cox Income X	35.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	
Dodge & Cox	Dodge & Cox Income X	35.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	
Champlain Investment Partners, LLC	Champlain Mid Cap Institutional	70.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	
Champlain Investment Partners, LLC	Champlain Mid Cap Institutional	70.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	
Capital Research and Management Company	American Funds AMCAP R6	29.000 BPS from 1/1/2023 to 3/31/2023	Investment Management Fees	American Funds AMCAP Fund Class R-6
Capital Research and Management Company	American Funds AMCAP R6	30.000 BPS from 4/1/2023 to 12/31/2023	Investment Management Fees	American Funds AMCAP Fund Class R-6
Capital Research and Management Company	American Funds Capital Income Bldr R6	22.000 BPS from 1/1/2023 to 11/30/2023	Investment Management Fees	American Funds Capital Income Builder Class R-6
Capital Research and Management Company	American Funds Capital Income Bldr R6	23.000 BPS from 12/1/2023 to 12/31/2023	Investment Management Fees	American Funds Capital Income Builder Class R-6
Capital Research and Management Company	American Funds Capital World Bond R6	43.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds Capital World Bond Fund Class R-6
Capital Research and Management Company	American Funds Capital World Bond R6	43.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds Capital World Bond Fund Class R-6

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Capital Research and Management Company	American Funds Capital World Gr&Inc R6	37.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds Capital World Growth and Income Fund Class R-6
Capital Research and Management Company	American Funds Fundamental Invs R6	24.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds Fundamental Investors Class R-6
Capital Research and Management Company	American Funds Fundamental Invs R6	24.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds Fundamental Investors Class R-6
Capital Research and Management Company	American Funds New Perspective R6	37.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds New Perspective Fund Class R-6
Capital Research and Management Company	American Funds New Perspective R6	37.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds New Perspective Fund Class R-6
Capital Research and Management Company	American Funds New World R6	51.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds New World Fund Class R-6
Capital Research and Management Company	American Funds New World R6	51.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds New World Fund Class R-6
Capital Research and Management Company	American Funds SMALLCAP World R6	61.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds SMALLCAP World Fund Class R-6
Capital Research and Management Company	American Funds SMALLCAP World R6	61.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	American Funds SMALLCAP World Fund Class R-6

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Capital Research and Management Company	American Funds Bond Fund of Amer R6	16.000 BPS from 1/1/2023 to 2/28/2023	Investment Management Fees	American Funds The Bond Fund of America Class R-6
Capital Research and Management Company	American Funds Bond Fund of Amer R6	18.000 BPS from 3/1/2023 to 12/31/2023	Investment Management Fees	American Funds The Bond Fund of America Class R-6
Capital Research and Management Company	American Funds Income Fund of Amer R6	22.000 BPS from 1/1/2023 to 9/30/2023	Investment Management Fees	American Funds The Income Fund of America Class R-6
Capital Research and Management Company	American Funds Income Fund of Amer R6	23.000 BPS from 10/1/2023 to 12/31/2023	Investment Management Fees	American Funds The Income Fund of America Class R-6
Capital Research and Management Company	American Funds US Government Sec R6	20.000 BPS from 1/1/2023 to 10/31/2023	Investment Management Fees	American Funds U.S. Government Securities Fund Class R-6
Capital Research and Management Company	American Funds US Government Sec R6	22.000 BPS from 11/1/2023 to 12/31/2023	Investment Management Fees	American Funds U.S. Government Securities Fund Class R-6
Capital Research and Management Company	American Funds Washington Mutual R6	22.000 BPS from 1/1/2023 to 5/31/2023	Investment Management Fees	American Funds Washington Mutual Investors Fund Class R-6
Capital Research and Management Company	American Funds Washington Mutual R6	23.000 BPS from 6/1/2023 to 12/31/2023	Investment Management Fees	American Funds Washington Mutual Investors Fund Class R-6
BlackRock Advisors LLC	BlackRock Global Allocation Instl	75.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	BlackRock Global Allocation Fund, Inc. Institutional Shares

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Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Invesco Advisers, Inc.	Invesco Comstock Y	38.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Invesco Comstock Fund Class Y
Invesco Advisers, Inc.	Invesco Comstock Y	38.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Invesco Comstock Fund Class Y
J.P. Morgan Investment Management, Inc.	JPMorgan Core Bond I	28.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	JPMorgan Core Bond Fund Class I
J.P. Morgan Investment Management, Inc.	JPMorgan Core Bond I	28.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	JPMorgan Core Bond Fund Class I
Lord, Abbett & Co LLC	Lord Abbett Bond-Debenture I	42.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Lord Abbett Bond Debenture Fund Class I
Lord, Abbett & Co LLC	Lord Abbett Bond-Debenture I	42.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Lord Abbett Bond Debenture Fund Class I
Lord, Abbett & Co LLC	Lord Abbett Core Fixed Income I	22.000 BPS from 1/1/2023 to 3/31/2023	Investment Management Fees	Lord Abbett Core Fixed Income Fund Class I
Lord, Abbett & Co LLC	Lord Abbett Core Fixed Income I	23.000 BPS from 4/1/2023 to 12/31/2023	Investment Management Fees	Lord Abbett Core Fixed Income Fund Class I
Lord, Abbett & Co LLC	Lord Abbett Total Return I	28.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Lord Abbett Total Return Fund Class I
Massachusetts Financial Services Company	MFS Corporate Bond R4	38.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	MFS Corporate Bond Fund Class R4

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

Name of Service Provider/Payee	Name of Payor	Amount of Fee or Formula	Nature of Service	Name of Fund (for Formula)
Massachusetts Financial Services Company	MFS Mid Cap Value R4	61.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	MFS Mid Cap Value Fund Class R4
Massachusetts Financial Services Company	MFS Mid Cap Value R4	61.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	MFS Mid Cap Value Fund Class R4
Neuberger Berman Investment Advisers LLC	Neuberger Berman Genesis R6	71.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Neuberger Berman Genesis Fund Class R6
Hartford Funds Management Company, LLC	Hartford Dividend and Growth Y	60.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	The Hartford Dividend and Growth Fund Class Y
Hartford Funds Management Company, LLC	Hartford Growth Opportunities Y	70.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	The Hartford Growth Opportunities Fund Class Y
Vanguard Group Inc	Vanguard FTSE All-Wld ex-US Idx Instl	7.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Vanguard FTSE All-World ex-US Index Fund Institutional Shares
Vanguard Group Inc	Vanguard Mid Cap Index Institutional	4.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Vanguard Mid-Cap Index Fund Institutional Shares
Vanguard Group Inc	Vanguard Small Cap Index I	4.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Vanguard Small-Cap Index Fund Institutional Shares
Vanguard Group Inc	Vanguard Total Bond Market Index I	3.000 BPS from 1/1/2023 to 12/31/2023	Investment Management Fees	Vanguard Total Bond Market Index Fund Institutional Shares

Generally, indirect compensation is reported on a calendar year basis. Fees are disclosed in basis points ("bps") and are expressed as annual fee rates on the amount invested. Unless otherwise noted, for plans with non-

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023

Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation
Prudential Retirement Insurance and Annuity Company	06-1050034

Eligible Indirect Compensation

calendar fiscal years, fee schedules are for the calendar year ending within your plan year. Note for Short Plan Years - The information in this report is based on the prior calendar year. For more current information, please refer to your account documentation or contact your Prudential Client Service Representative.

With the exception of slippage/breakage, any negative dollar amounts in this report represent fee waivers, rebates, or reimbursements.

Securities lending fees, if any, summarize the fees received for the entire investment fund and not your individual plan.

Please note that this report may not include securities lending fee information with respect to investment managers for all funds offered under your plan due to delays by such managers in providing information to Prudential. For investment managers of collective trusts offered on the Prudential Retirement platform (including, but not limited to, collective trusts offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive securities lending fees, Prudential posts any information that Prudential has received from investment managers regarding their receipt of securities lending fees on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website as soon as possible. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

If your report includes slippage/breakage, it is because in certain circumstances (such as trading errors or delays), market trades may occur at times when the security's share price or account's unit value related to the trade is not the price assured to the plan and participants. At the investment fund level, Prudential will net any pricing differences that occur along with other small differences and will either make-up any net loss (reported in this section as a negative number) or retain any net gain that results over the course of the year. The amount reported in this report as slippage/breakage, if any, represents the slippage/breakage incurred for the entire investment fund and not for your individual plan.

For Prudential Retirement Insurance and Annuity Company sub-advised funds, Prudential Insurance Company of America separate accounts, and Prudential Trust Company collective trusts, this report includes soft dollar research compensation and/or disclosures for investment managers who are active as of December 31st.

For investment managers who receive soft dollar research that they can only partially quantify, the soft dollar disclosure language that is populated in the "Amount of Fee or Formula" column may include a subset of the soft dollar research providers, the quantifiable portion of the soft dollar research, and/or a description of the eligibility conditions for the receipt of soft dollars research. Additionally, the top 10 brokers are provided for the portion of research that the investment manager cannot quantify in the "Name of Payor" column.

If all research services are quantifiable, the soft dollar disclosure language that is populated in the "Amount of fee or formula" column will include the amount of soft dollar compensation and may include a subset of the soft dollar research providers and/or soft dollar language. The top 10 brokers that provide soft dollar research are listed in the "Name of Payor" column.

Please contact your Prudential Client Service Representative to obtain a complete list of brokers from whom the manager received soft dollar research.

For investment managers of mutual funds offered on the Prudential Retirement platform (including, but not limited to, mutual funds offered through Prudential Retirement Insurance and Annuity Company and Prudential Insurance Company of America separate accounts) who receive soft dollar research, Prudential posts any information that Prudential has received from investment managers regarding their receipt of soft dollar research on the Plan Sponsor website furnished by Prudential for your plan. Prudential will post any such information in the format received from investment managers and without alteration on the Plan Sponsor website on and after April 30th. Please contact your Prudential Client Service Representative if you need assistance locating this information on the Plan Sponsor website.

For Prudential Retirement Insurance and Annuity Company Alliance funds that may have converted to sub-advised funds during the year, this report includes the fees in effect both before and after the conversion. Please refer to the communications you received for more information regarding which Alliance funds converted and the dates they converted. For plans with IncomeFlex funds, please note that the fees described above include both investment management fees and guarantee fees.

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

Attachment 1 - Disclosure on Service Providers Receiving Eligible Indirect Compensation

Plan Name	Plan Number	Plan Year Start Date	Plan Year End Date
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN	990260	01/01/2023	12/31/2023
Name of Person/Entity Who Provided Disclosures on Eligible Indirect Compensation	EIN or Address of Entity Who Provided Disclosures on Eligible Indirect Compensation		
Prudential Retirement Insurance and Annuity Company	06-1050034		

Eligible Indirect Compensation

Prudential Retirement Insurance and Annuity Company sub-advised separate accounts use the State Street Bank and Trust Company ("SSB&T"), Short Term Investment Fund ("STIF") for cash management purposes. The income earned by the cash invested in the SSB&T STIF, is net of SSB&T's management fee for the STIF, which is 0.10% on the first \$100M, 0.08% on the next \$400M, and 0.05% thereafter. To determine the daily effective fee rate, this fee schedule is applied to the aggregate STIF cash balance of all participating Prudential Retirement Insurance and Annuity Company separate accounts. The determined daily fee rate is then netted against the daily investment factor, which is then applied to each fund's respective STIF holding position.

For clients invested in the Prudential Trust Company Collective Trust, please refer to the audited financial statements for information on fees collected with respect to underlying mutual fund holdings.

In "fund-of-funds" arrangements, one "fund-of-funds" separate account invests in other "investment" separate accounts. In some cases, an "investment" separate account invests in mutual fund shares. We report mutual fund management fees, sub-transfer agency fees, 12b-1 fees, securities lending fees, slippage/breakage, and any soft dollar compensation as attributable to the "investment" separate account and not to the "fund-of-funds" separate account.

For plans with an Individually Directed Account ("IDA"), the Variable Rate Savings Account ("VRSA") balance equals the amount of the IDA deposited in the VRSA, calculated on the basis of the average daily balances for the period. Assumed VRSA Spread is the periodic equivalent of the Federal Funds Rate calculated on the basis of the average daily rate in effect for the period, minus the interest rate credited under the VRSA product, calculated on the basis of the average daily rate in effect for the period.

This report may not summarize all of the eligible indirect compensation associated with your plan. When applicable, we provided (or will provide) you with additional disclosures on other eligible indirect compensation.

The information contained in this report is generally limited to information contained in our ordinary business records. This report, however, may include some limited information that third parties (e.g., sub-advisors and bank collective trusts) provided to us, which we included for your convenience.

If you have questions about the contents of this report, please contact your Prudential Client Service Representative.

The information contained in this document is not covered by the Certification of Reports and is not intended to be certified under 29 CFR 2520.103-5(C).

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**Edward D. Jones & Co. Profit Sharing and 401(k) Plan****21-OCT-23 to 31-DEC-23****25-MAY-24 10:38:07**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RNWGX			159,609,107.81	157,782,889.08
1RLLGX			217,018,177.82	217,178,441.70
1P0853A			197,527,797.24	211,110,087.19
1P0846A			131,305,381.05	132,017,648.73
1P0855A			94,884,735.44	100,345,461.37
1NRGSX			74,902,426.43	72,795,937.79
1VMCIX			88,623,995.76	97,876,133.42
1VSCIX			75,629,976.03	83,336,026.11
1RAFGX			187,077,766.54	200,897,817.02
1RIRGX			111,758,461.16	120,417,257.25
1RWIGX			211,909,400.17	237,034,554.01
1P0854A			116,181,052.48	122,421,491.33
1RFNGX			304,631,309.58	338,446,622.75
1RNPGX			305,598,694.74	314,648,633.46
1RIDGX			144,007,385.58	147,832,281.62
1RWMGX			422,044,319.80	484,114,220.45
1P0847A			132,260,920.44	145,933,001.37
1MALOX			41,594,905.13	38,284,149.40
1DOXFX			101,088,817.17	115,420,466.17
1ACSDX			103,316,352.06	108,707,308.16
1P0703A			473,651,834.97	527,420,458.82
1P0702A			382,388,558.14	417,617,041.14
1VFWSX			39,524,448.20	41,186,379.57
1VLISX			227,261,887.67	272,385,721.77
1P0857A			236,691,517.94	295,312,623.92
1RCWGX			23,016,977.28	20,033,906.79
1RGVGX			28,656,379.28	26,623,907.24
1DOXIX			81,125,495.19	82,267,671.78
1WOBDX			101,493,137.11	94,027,536.22
1P0856A			100,590,486.48	104,707,074.58
1VBTIX			39,862,873.21	37,345,502.18
1P0170A			256,274,848.20	263,983,599.75
1P0783A			882,906,333.78	1,128,144,800.11
1P0771A			1,061,843,388.93	1,307,207,829.56
1P0779A			1,442,483,483.24	1,710,016,447.01
1P0782A			304,054,604.54	346,731,771.21
1P0776A			40,456,617.67	43,474,965.22
1P0773A			28,729,556.33	29,665,390.93
1P0778A			27,278,747.09	26,842,074.38
			8,999,262,157.68	10,221,595,130.56
FORFEITURES			2,005,025.81	2,068,153.82

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Edward D. Jones & Co. Profit Sharing and 401(k) Plan

C

21-OCT-23 to 31-DEC-23**25-MAY-24 10:38:07**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1RNWGX	American Funds New World R6	1RLLGX	American Funds SMALLCAP World R6
1P0853A	Champlain Mid Cap Fund	1P0846A	Goldman Sachs Small Cap Value
1P0855A	MFS Mid Cap Value Fund	1NRGSX	Neuberger Berman Genesis R6
1VMCIX	Vanguard Mid Cap Index Ins	1VSCIX	Vanguard Small Cap Index Instl
1RAFGX	American Funds AMCAP R6	1RIRGX	American Funds Capital Inc Bldr R6
1RWIGX	American Funds Capital World G/I R6	1P0854A	American Funds EuroPacific Growth Fund
1RFNGX	American Funds Fundamental Investors R6	1RNPGX	American Funds New Perspective R6
1RIDGX	American Funds Income Fund of America R6	1RWMGX	American Funds Washington Mutual R6
1P0847A	BlackRock Equity Dividend Fund	1MALOX	BlackRock Global Allocation Instl
1DOXFX	Dodge & Cox International Stock X	1ACSDX	Invesco Comstock Y
1P0703A	Large Cap Growth / MFS Fund	1P0702A	T Rowe Price Blue Chip Growth Trust
1VFWSX	Vanguard FTSE All-World ex-US Index Inst	1VLISX	Vanguard Large Cap Index Instl
1P0857A	Wellington Growth Opportunities Fund	1RCWGX	American Funds Capital World Bond R6
1RGVGX	American Funds US Government Sec R6	1DOXIX	Dodge & Cox Income X
1WOBDX	JPMorgan Core Bond I	1P0856A	Lord Abbett Bond Debenture Fund
1VBTIX	Vanguard Total Bond Market Index Inst	1P0170A	Stable Value Fund
1P0783A	Profit Sharing - All Equity	1P0771A	Profit Sharing - Growth Focus
1P0779A	Profit Sharing - Balanced Toward Growth	1P0782A	Profit Sharing Balanced Growth & Inc
1P0776A	Profit Sharing - Balanced Toward Income	1P0773A	Profit Sharing - Income Focus
1P0778A	Profit Sharing - All Income		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year