

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: 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, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	54690
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)	47254
	6a(2)	50491
	6b	947
	6c	6769
	6d	58207
	6e	185
	6f	58392
	6g(1)	54690
	6g(2)	56268
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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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.

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	556257/575801U1	58392	01/01/2024	12/31/2024

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
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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

(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
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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	

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	173538775
5	Current value of plan's interest under this contract in separate accounts at year end.....	4341644714
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 172595884
c	Additions: (1) Contributions deposited during the year	7c(1) 19855935
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 4287174
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ ROLLOVERS, TRANSFER IN, MISC IN	7c(5) 142876507
	(6) Total additions	7c(6) 167019616
d	Total of balance and additions (add lines 7b and 7c(6))	7d 339615500
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 46297818
	(2) Administration charge made by carrier.....	7e(2) -1261771
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ TRANSFERS OUT, MISC OUT	7e(4) 121040678
(5) Total deductions	7e(5) 166076725	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 173538775

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. Specify nature of costs.	10b	

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

A Name of plan 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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

EMPOWER ANNUITY INSURANCE COMPANY O

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?
64	RECORDKEEPER	1563151	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MARSH & MCLENNAN COMPANIES INC

21875 NETWORK PL
CHICAGO IL
CHICAGO, IL 60673-1218

36-2668272

(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?
99	INVESTMENT ADVISOR	6986	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST CO.</u>		
c EIN-PN <u>23-6994310-214</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82332438</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS SMALL CAP V</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-846</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>346919793</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH/MFS FD</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-177</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>951237015</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T ROWE PRICE BLUE CHIP GROWTH TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>80-0470272-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>903632329</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SUSTAINABLE LG CAP GROWTH EQ FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-843</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>151319276</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LORD ABBETT CORE</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-861</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>199554134</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLINGTON DIVIDEND GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>339872933</u>

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) 411044989

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) 234536654

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) 440120731

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) 305424980

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) 500765535

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) 378516236

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan 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
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	369249117	427675573
(2) Participant contributions	1b(2)	2078906	1929016
(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)	791286040	903632329
(10) Value of interest in pooled separate accounts	1c(10)	3640168974	4341644714
(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)	5619612387	6519861761
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	172595884	173538774
(15) Other.....	1c(15)	0	0

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	10594991308	12368282167
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	680678	355927
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	680678	355927
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10594310630	12367926240

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)	427680802	
(B) Participants.....	2a(1)(B)	571506162	
(C) Others (including rollovers).....	2a(1)(C)	82573233	
(2) Noncash contributions.....	2a(2)	0	1081760197
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	4287174
(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)	4287174	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4287174
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	300789259
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	300789259	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		300789259
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	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	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)	225277609
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	607990758
(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)	441723592
c Other income	2c	2001426
d Total income. Add all income amounts in column (b) and enter total	2d	2663830015

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	888969065
(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)	888969065
f Corrective distributions (see instructions)	2f	-46
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)	0
(3) Recordkeeping fees	2i(3)	1238400
(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)	
(11) Other expenses	2i(11)	6986
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1245386
j Total expenses. Add all expense amounts in column (b) and enter total	2j	890214405

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1773615610
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	Distributions
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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
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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

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)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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	15a	
b The corresponding number for the second preceding plan year	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	16a	
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.....	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

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

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, 2024 and 2023
and for the Year Ended December 31, 2024, Supplemental
Schedule at December 31, 2024, 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, 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, 2024 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, 2025

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

(Dollars in thousands)	2024	2023
Assets		
Investments, at fair value (Note 3):		
Mutual funds	\$ 6,519,862	\$ 5,619,612
Separate accounts	4,259,312	3,640,169
Collective investment trust	903,632	698,350
Total investments at fair value	11,682,806	9,958,131
Investments, at contract value (Note 4):		
Stable value fund	266,742	265,532
Receivables:		
Partnership contributions	427,675	369,249
Participant contributions	1,929	2,079
Total receivables	429,604	371,328
Total assets	\$ 12,379,152	\$ 10,594,991
Liabilities		
Administrative fees payable	\$ 356	\$ 681
Total liabilities	\$ 356	\$ 681
Net assets available for benefits	\$ 12,378,796	\$ 10,594,310

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, 2024

(Dollars in thousands)	<u>2024</u>
Additions	
Investment income:	
Net appreciation in fair value of investments	\$ 1,274,992
Interest and dividends	315,947
Other income	<u>2,001</u>
Total net investment income	<u>1,592,940</u>
Contributions:	
Participant	571,506
Partnership	427,681
Rollover	<u>82,573</u>
Total contributions	<u>1,081,760</u>
Total additions	<u>2,674,700</u>
Deductions	
Benefits paid to participants	888,969
Administrative expenses	<u>1,245</u>
Total deductions	<u>890,214</u>
Net increase	1,784,486
Net assets available for benefits	
Beginning of year	<u>10,594,310</u>
End of year	<u><u>\$ 12,378,796</u></u>

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, 2024 and 2023**

(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 of service during the applicable Plan Year to receive an allocation of that year's profit sharing contribution, which is distributed after year-end. Special rules apply in the case of reemployment, death, disability, participation in a severance plan, 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 have reached age 21 are eligible to participate in the 401(k) portion of the Plan after being compensated for either 1,000 hours of service within the first year of employment or any calendar year thereafter, or after three consecutive years with at least 500 compensated hours each year. 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.

**Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023**

(Dollars in thousands, except per participant data)

1. Plan Description (continued)

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.

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 \$11,500 for the 2024 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 ½. 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, 2024 and 2023**

(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. Empower Annuity Insurance Company ("Empower"), as trustee, has the authority and responsibility to hold, manage, and protect plan assets in accordance with the provisions of the Plan and separate trust agreements. Empower is also 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 pooled separate accounts of Empower Annuity Insurance Company ("EAIC").

Participants may direct contributions into a diverse range of specific mutual funds, pooled 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.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

**Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023**

(Dollars in thousands, except per participant data)

2. Summary of Significant Accounting Policies (continued)

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.

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.

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

(Dollars in thousands, except per participant data)

2. Summary of Significant Accounting Policies (continued)

Fair Value (continued)

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 pooled 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, 2024 and 2023.

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, 2024 and 2023.

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 pooled 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 \$759 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 the 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.

Other income also includes the fixed, asset-based recordkeeping fee charged to Plan participants, which totaled \$1,242 in 2024 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.

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

(Dollars in thousands, except per participant data)

2. Summary of Significant Accounting Policies (continued)

Other Income (continued)

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 \$1,245 for the year ended December 31, 2024. These expenses were primarily recordkeeping fees paid to Empower.

Participant and Partnership Contribution Receivables

Participant and Partnership contribution receivables are the amounts due from the Partnership to the Plan as of the date of the financial statements. No allowance for credit losses was determined to be necessary based on the financial strength of the Partnership.

3. Investments

The Plan's investments are held in a trust fund sponsored by the Partnership. As of December 31, 2024 and 2023, the fair value of the Plan's investments was \$11,682,806 and \$9,958,131, respectively. During the year ended December 31, 2024, the Plan's investments (including investments bought, sold, and held during the year) appreciated by \$1,274,992.

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

	December 31, 2024			
	Level I	Level II	Level III	Total
Mutual funds	\$ 6,519,862	\$ -	\$ -	\$ 6,519,862
Pooled Separate accounts	-	4,259,312	-	4,259,312
Total assets in the fair value heirarchy	<u>\$ 6,519,862</u>	<u>\$ 4,259,312</u>	<u>\$ -</u>	<u>\$ 10,779,174</u>
Collective investment trust *				903,632
Total assets at fair value				<u>\$ 11,682,806</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, 2023			
	Level I	Level II	Level III	Total
Mutual funds	\$ 5,619,612	\$ -	\$ -	\$ 5,619,612
Pooled Separate accounts	-	3,640,169	-	3,640,169
Total assets in the fair value heirarchy	<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>

Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023

(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,	
	2024	2023
Traditional GIC	\$ 173,539	172,596
Synthetic GIC	93,203	92,936
Total	<u>\$ 266,742</u>	<u>\$ 265,532</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.

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.

**Edward D. Jones & Co.
Profit Sharing and 401(k) Plan
Notes to Financial Statements
December 31, 2024 and 2023**

(Dollars in thousands, except per participant data)

5. Income Tax Status (continued)

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, 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 pooled 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, 2025, the date these financial statements were available to be issued. There have been no 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, 2024

(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	\$	239,328
	American Funds Capital Income Builder Fund	Mutual Fund		128,015
	American Funds Capital World Bond Fund	Mutual Fund		90,925
	American Funds Capital World Growth and Income Fund	Mutual Fund		455,133
	American Funds Fundamental Investors Fund	Mutual Fund		716,168
	American Funds Income Fund of America Fund	Mutual Fund		158,498
	American Funds New Perspective Fund	Mutual Fund		557,785
	American Funds New World Fund	Mutual Fund		357,104
	American Funds Small Cap World fund	Mutual Fund		419,604
	American Funds The Bond Fund of America Fund	Mutual Fund		168,075
	American Funds US Government SEC Fund	Mutual Fund		38,691
	American Funds Washington Mutual Fund	Mutual Fund		587,772
	Blackrock Global Allocation Instl	Mutual Fund		38,710
	Dodge & Cox Income Fund	Mutual Fund		494,764
	Dodge & Cox International Stock Fund	Mutual Fund		429,726
	Invesco Comstock Fund	Mutual Fund		450,286
	Lord Abbett Total Return Fund	Mutual Fund		152,934
	MFS Corporate Bond Fund	Mutual Fund		42,256
	JPMorgan Core Bond Fund	Mutual Fund		128,888
	Neuberger Berman Genesis Fund	Mutual Fund		86,149
	Vanguard FTSE All-World Index Fund	Mutual Fund		47,071
	Vanguard Large Cap Index Fund	Mutual Fund		423,839
	Vanguard Mid Cap Index Fund	Mutual Fund		145,810
	Vanguard Small Cap Index Fund	Mutual Fund		120,349
	Vanguard Total Bond Market Index Fund	Mutual Fund		41,982
	<u>Total Mutual Funds</u>		<u>\$</u>	<u>6,519,862</u>

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, 2024

(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	Pooled Separate Account		\$	378,516
Blackrock Equity Dividend Fund	Pooled Separate Account			500,765
Champlain Mid Cap Fund	Pooled Separate Account			411,045
Goldman Sachs Small Cap Value Fund	Pooled Separate Account			346,920
Large Cap Growth / MFS Fund	Pooled Separate Account			951,237
Lord Abbett Bond Debenture Fund	Pooled Separate Account			234,537
Lord Abbett Core Fixed Income Fund	Pooled Separate Account			199,554
MFS Mid Cap Value Fund	Pooled Separate Account			305,425
Sustainable Large Cap Growth Equity Fund	Pooled Separate Account			151,319
Wellington Dividend Growth Fund	Pooled Separate Account			339,873
<u>Wellington Growth Opportunities Fund</u>	<u>Pooled Separate Account</u>			<u>440,121</u>
Total Pooled Separate Accounts			\$	<u>4,259,312</u>
* <u>Collective Investment Trust</u>				
T. Rowe Price Blue Chip Growth Trust Fund	Collective Investment Trust		\$	903,632
** <u>Synthetic GICs</u>				
Empower Core Intermediate Bond Fund	Common/Collective Trust		\$	82,333
<u>Empower Annuity Insurance Company</u>	<u>Wrapper contract number GA-64317</u>		\$	<u>-</u>
Total Synthetic GICs			\$	82,333
** <u>Separate Account GIC</u>				
Empower Guaranteed Long Term Fund	Contract number GA-2020-IA-0805		\$	173,539
TOTAL PLAN ASSETS			\$	11,938,678

* Denotes party-in-interest to the Plan.

** Investment held by the Empower Stable Value Fund.

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(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	\$	239,328
	American Funds Capital Income Builder Fund	Mutual Fund		128,015
	American Funds Capital World Bond Fund	Mutual Fund		90,925
	American Funds Capital World Growth and Income Fund	Mutual Fund		455,133
	American Funds Fundamental Investors Fund	Mutual Fund		716,168
	American Funds Income Fund of America Fund	Mutual Fund		158,498
	American Funds New Perspective Fund	Mutual Fund		557,785
	American Funds New World Fund	Mutual Fund		357,104
	American Funds Small Cap World fund	Mutual Fund		419,604
	American Funds The Bond Fund of America Fund	Mutual Fund		168,075
	American Funds US Government SEC Fund	Mutual Fund		38,691
	American Funds Washington Mutual Fund	Mutual Fund		587,772
	Blackrock Global Allocation Instl	Mutual Fund		38,710
	Dodge & Cox Income Fund	Mutual Fund		494,764
	Dodge & Cox International Stock Fund	Mutual Fund		429,726
	Invesco Comstock Fund	Mutual Fund		450,286
	Lord Abbett Total Return Fund	Mutual Fund		152,934
	MFS Corporate Bond Fund	Mutual Fund		42,256
	JPMorgan Core Bond Fund	Mutual Fund		128,888
	Neuberger Berman Genesis Fund	Mutual Fund		86,149
	Vanguard FTSE All-World Index Fund	Mutual Fund		47,071
	Vanguard Large Cap Index Fund	Mutual Fund		423,839
	Vanguard Mid Cap Index Fund	Mutual Fund		145,810
	Vanguard Small Cap Index Fund	Mutual Fund		120,349
	Vanguard Total Bond Market Index Fund	Mutual Fund		41,982
	<u>Total Mutual Funds</u>		<u>\$</u>	<u>6,519,862</u>

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

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