Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1976

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EDWARD D. JONES & CO., L.P.

12555 MANCHESTER ROAD
ST. LOUIS, MO 63131

2b Employer Identification Number (EIN)
43-0345811

2c Plan Sponsor's telephone number
314-515-2000

2d Business code (see instructions)
523120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	JENNIFER KINGSTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	58392
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	**6a(1)**	50491
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	50290
b	Retired or separated participants receiving benefits	**6b**	1131
c	Other retired or separated participants entitled to future benefits	**6c**	7330
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	58751
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	237
f	Total. Add lines **6d** and **6e**.	**6f**	58988
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	56268
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	57329
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 **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	58988	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	173538775
c	Additions: (1) Contributions deposited during the year	7c(1)	19290129		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4438666		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	201149459		
	▶ ROLLOVERS, TRANSFER IN, MISC IN				
	(6)Total additions			7c(6)	224878254
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	398417029
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	58345395		
	(2) Administration charge made by carrier	7e(2)	-1049458		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	341121092		
	▶ TRANSFERS OUT, MISC OUT				
	(5) Total deductions			7e(5)	398417029
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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).. . . . . [X] 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

GALLIARD CAPITAL MANAGEMENT LLC

41-1813702

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

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

CAPITAL RESEARCH AND MANAGEMENT CO

95-1411037

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

LORD, ABBETT & CO. LLC

13-5620131

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

MFS INSTITUTIONAL ADVISORS, INC.

04-3247425

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

GOLDMAN SACHS ASSET MANAGEMENT L.P.

13-3575636

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

JOHN HANCOCK COLLECTIVE INVESTMENT

85-6153745

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
19 21 37 64 15 38 50	RECORDKEEPER	1658594	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MARSH & MCLENNAN COMPANIES INC

21875 NETWORK PL
CHICAGO, IL 60673-1218

(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?
27 50	INVESTMENT ADVISOR	253136	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL TRUST CO

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGER	194839	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

PRUDENTIAL INSURANCE CO

22-1211670

(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?
67 50	OTHER INSURANCE WRAP FEE	194839	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN LEWIS & BOCKIUS LLP

2222 MARKET STREET
PHILADELPHIA, PA 19103-2921

(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?
29 50	LEGAL	127084	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPOWER TRUST COMPANY, LLC

8515 E. ORCHARD ROAD, 7T2 CORPORATE
GREENWOOD VILLAGE, CO 80111

(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?
24 50	TRUSTEE	9000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EDWARD D. JONES & CO., L.P.

D Employer Identification Number (EIN)
43-0345811

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXTENDED MARKET INDEX TRUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
81-6324211-001	C	356848500

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL 500 IDX TRUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
81-6327546-001	C	4466809807

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

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)
51-6590136-001	C	360681942

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

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)
65-6466043-001	C	739756626

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

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)
90-0329389-001	C	965871025

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

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)
65-6466044-001	C	1054140195

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 TRU

b Name of sponsor of entity listed in (a): VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS

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)
90-0329393-001	C	880019570

a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT 2045 TRU		
b Name of sponsor of entity listed in (a):	VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS		
c EIN-PN 90-0329385-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	808407129
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT 2050 TRU		
b Name of sponsor of entity listed in (a):	VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS		
c EIN-PN 90-0329394-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	541011428
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT 2055 TRU		
b Name of sponsor of entity listed in (a):	VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS		
c EIN-PN 27-6715052-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	253238816
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT 2060 TRU		
b Name of sponsor of entity listed in (a):	VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS		
c EIN-PN 45-3718222-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	113749108
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT 2065 TRU		
b Name of sponsor of entity listed in (a):	VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS		
c EIN-PN 82-6254629-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24250726
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT 2070 TRU		
b Name of sponsor of entity listed in (a):	VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS		
c EIN-PN 87-7027268-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82087271
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TARGET RETIREMENT INCOME T		
b Name of sponsor of entity listed in (a):	VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS		
c EIN-PN 51-6590135-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	220976593
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TOTAL BOND MARKET IDX TRUS		
b Name of sponsor of entity listed in (a):	VANGUARD COLLECTIVE INVESTMENT TRUST FUNDS		
c EIN-PN 81-6321044-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59744532
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD TOTAL INTL STK MKT IDX TRU		
b Name of sponsor of entity listed in (a):	VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 81-6317280-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	154637203
a Name of MTIA, CCT, PSA, or 103-12 IE:	BBH SERIES FUND - INCOME		
b Name of sponsor of entity listed in (a):	BROWN BROTHERS HARRIMAN TRUST COMPANY, N.A.		
c EIN-PN 27-6904078-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	197188786

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE PLUS BOND FUND 5

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

c EIN-PN 23-6994310-165	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196864844

a Name of MTIA, CCT, PSA, or 103-12 IE: VONTOBEL INTERNATIONAL EQUITY TRUST

b Name of sponsor of entity listed in (a): VONTOBEL COLLECTIVE INVESTMENT TRUST

c EIN-PN 87-4379248-189	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 199402907

a Name of MTIA, CCT, PSA, or 103-12 IE: CONESTOGA SMID CAP GROWTH CIF

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, N.A.

c EIN-PN 83-6448706-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173910779

a Name of MTIA, CCT, PSA, or 103-12 IE: NINETY ONE EMERGING MARKETS EQUITY

b Name of sponsor of entity listed in (a): NINETY ONE COLLECTIVE INVESTMENT TRUST

c EIN-PN 33-4578398-197	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122220467

a Name of MTIA, CCT, PSA, or 103-12 IE: LSV U.S. SMALL CAP VALUE EQUITY FUN

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

c EIN-PN 90-6169542-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 242351729

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II SMID CAP RESEARCH EQUITY

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, N.A.

c EIN-PN 04-6913417-146	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 165874581

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY BRANDES INTL VALUE TRANS

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 26-3783687-920	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200260711

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY RBC EMERGING MARKETS EQU

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 38-4126291-593	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130666075

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL EQUITY CL 3A

b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY

c EIN-PN 57-1187281-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246733078

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH EQUITY FUND CLASS 5E

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

c EIN-PN 04-1590850-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10

a Name of MTIA, CCT, PSA, or 103-12 IE: CHAMPLAIN MID CAP COLLECTIVE FUND

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

c EIN-PN 06-1050034-846	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO COMSTOCK Y

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

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL BLACKROCK EQUITY DIVIDEN

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) 3

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL LARGE CAP GROWTH FUND TR

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

c EIN-PN 06-1050034-274	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL STABLE VALUE FUND

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

c EIN-PN 23-6994310-214	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT CORE

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

c EIN-PN 06-1050034-861	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH/MFS FUND

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

c EIN-PN 06-1050034-177	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE BLUE CHIP GROWTH TRUST

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

c EIN-PN 80-0470272-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SUSTAINABLE LG CAP GROWTH EQ FUND

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

c EIN-PN 06-1050034-843	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS SMALL CAP V

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

c EIN-PN 06-1050034-846	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:	WELLINGTON DIVIDEND GROWTH FUND		
b Name of sponsor of entity listed in (a):	EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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)	0
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)	0
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)	0
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)	0
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)	0
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)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	GALLIARD INTERMEDIATE CORE FUND L		
b Name of sponsor of entity listed in (a):	GALLIARD CAPITAL MANAGEMENT, LLC		
c EIN-PN 27-6635237-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	174015565
a Name of MTIA, CCT, PSA, or 103-12 IE:	GALLIARD SHORT TERM CORE FUND F		
b Name of sponsor of entity listed in (a):	GALLIARD CAPITAL MANAGEMENT, LLC		
c EIN-PN 52-2252204-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	104303868
a Name of MTIA, CCT, PSA, or 103-12 IE:	SHORT-TERM INVESTMENT FUND II		
b Name of sponsor of entity listed in (a):	GALLIARD CAPITAL MANAGEMENT, LLC		
c EIN-PN 92-2544088-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21217597

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	427675573	454157973
(2) Participant contributions	1b(2)	1929016	2169585
(3) Other	1b(3)	0	29165928
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	35364236
(9) Value of interest in common/collective trusts	1c(9)	903632329	13257241485
(10) Value of interest in pooled separate accounts	1c(10)	4341644714	0
(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)	6519861761	23878677
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	173538774	0
(15) Other	1c(15)	0	481558672

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	12368282167	14283536556
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	355927	364407
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	31404
1k Total liabilities (add all amounts in lines 1g through1j)	1k	355927	395811
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	12367926240	14283140745

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)	454175586	
(B) Participants	2a(1)(B)	624020988	
(C) Others (including rollovers)	2a(1)(C)	78979588	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1157176162
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	817250	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		817250
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	218222585	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		218222585
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		454984962
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		171231874
(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)		1186466476
c Other income	2c		14181556
d Total income. Add all **income** amounts in column (b) and enter total	2d		3203080865
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1285305033	
(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)		1285305033
f Corrective distributions (see instructions)	2f		41132
g Certain deemed distributions of participant loans (see instructions)	2g		82704
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)	1658594	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	389677	
(6) Bank or trust company trustee/custodial fees	2i(6)	9000	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	380220	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2437491
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1287866360
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1915214505
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) [X] 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)** [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EDWARD D. JONES & CO. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EDWARD D. JONES & CO., L.P.

D Employer Identification Number (EIN)
43-0345811

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 84-1455663

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

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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, 2025 and 2024 and for the Year Ended December 31, 2025, Supplemental Schedule at December 31, 2025, and Report of Independent Auditors

Edward D. Jones & Co. Profit Sharing and 401(k) Plan
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December 31, 2025 13

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.

pwc

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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, 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 H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 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 8, 2026

Edward D. Jones & Co. Profit Sharing and 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

(Dollars in thousands)	2025	2024
Assets		
Investments, at fair value (Note 3):		
Collective investment trusts	$ 12,978,922	$ 903,632
Mutual funds	23,879	6,519,862
Separate accounts	-	4,259,312
Self-directed brokerage accounts	469,467	-
Total investments at fair value	13,472,268	11,682,806
Investments, at contract value (Note 4):		
Guaranteed investment contracts	290,411	266,742
Receivables:		
Partnership contributions	454,158	427,675
Participant contributions	2,169	1,929
Notes receivable from participants	35,447	-
Due from broker	29,166	-
Total receivables	520,940	429,604
Total assets	$ 14,283,619	$ 12,379,152
Liabilities		
Administrative fees payable	$ 364	$ 356
Total liabilities	$ 364	$ 356
Net assets available for benefits	$ 14,283,255	$ 12,378,796

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
December 31, 2025

(Dollars in thousands)	2025
Additions	
Investment income:	
Net appreciation in fair value of investments	$ 1,810,848
Interest and dividends	222,151
Other income	2,021
Total net investment income	2,035,020
Interest Income from notes receivable from participants	818
Contributions:	
Participant	624,036
Partnership	454,176
Rollover	78,980
Total contributions	1,157,192
Total additions	3,193,030
Deductions	
Benefits paid to participants	1,286,419
Administrative expenses	2,152
Total deductions	1,288,571
Net increase	1,904,459
Net assets available for benefits	
Beginning of year	12,378,796
End of year	$ 14,283,255

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

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 U.S. General Partners and Service Partners of the Partnership's parent company, The Jones Financial Companies, L.L.L.P. ("JFC"), and U.S. employees of the Partnership or certain JFC affiliates. 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, defined as January 1st - December 31st (the "Plan Year"), and 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. 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 an 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 partner 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 or one of its affiliates on December 31st of the applicable Plan Year to be eligible for a Partnership matching contribution, up to $500 per participant.

Currently, eligibility for Partnership matching contributions is limited to home office associates and U.S.-based client support team professionals who are non-highly compensated employees for the applicable Plan Year, as treated under the terms of the Plan. Partnership matching contributions are made solely at the Partnership's discretion.

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 2025 Plan Year. If a participant has reached (or will reach) ages 60-63 by the end of a calendar year, the participant may make additional pre-tax and/or Roth contributions beyond the standard catch-up limit that applies to participants who have reached age 50. The limit for these "super" catch-up contributions is the greater of $10,000 or 150% of the regular catch-up contribution limit for the prior year. The super catch-up contribution limit is $11,250 for 2025 (as adjusted for cost-of-living increases). 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 the age of 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.

A hardship withdrawal safe harbor option became effective July 1, 2025. Participants are permitted to self-certify that (a) the hardship withdrawal requested is for one or more of the safe harbor reasons listed in the Plan document and (b) the amount of the hardship withdrawal is not in excess of the amount of the financial need.

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.

Notes Receivable from Participants
Effective June 1, 2025, participants have the option to maintain one outstanding loan under the Plan at a time. Loans may be a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of the participant's account balance attributable to participant contributions. Loan transactions are treated as transfers between the investment fund and the loan fund. Loans are made over a period not to exceed five years, unless the loan is used to acquire the participant's principal residence, in which case the loan cannot exceed ten years. Principal and interest are paid at least quarterly. Interest rates on participant loans ranged from 8.00% to 8.50% at December 31, 2025.

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 Trust Company, LLC. ("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 multiple investment options for contributions. Participants may direct contributions into a diverse range of collective investment trusts ("CITs"), self-directed brokerage accounts, and a stable value fund. 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.

During the year, the Plan's investment lineup was changed by the Investment and Education Committee, replacing mutual fund and separate account investment options with a series of target retirement date funds and other investment options offered through CITs. The changes were intended to simplify the investment lineup, reduce participant costs and provide more diversified investment options. Participant balances were mapped to the new investment options in accordance with Plan provisions. The Plan permits participants to invest through self-directed brokerage accounts maintained by Charles Schwab. Through these accounts, participants may direct investments in securities and other investments not otherwise available through the Plan's core investment lineup.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities 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 trade date. Interest and dividend income is recorded when earned. Gains and losses on sales are based on specific identification of investments sold. All investment decisions are participant directed.

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 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.

As of December 31, 2025, the assets categorized as Level I in the Plan are self-directed brokerage accounts comprised primarily of cash and cash equivalents, exchange-traded funds, mutual funds, and equities. Additionally, Level I includes mutual funds within custom funds. As of December 31, 2024, the assets categorized as Level I in the Plan are mutual funds. For cash and cash equivalents, the carrying amount approximates fair value due to the short-term, highly liquid nature of the balances. Exchange-traded funds and equities are valued using quoted prices in active markets for identical assets. Prices of mutual 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.

As of December 31, 2024, 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. The Plan did not have any financial assets categorized as Level II during the year ended December 31, 2025.

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, 2025 and 2024.

The Plan invests in CITs, which are trust funds 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, 2025 and 2024.

Risks and Uncertainties
The Plan provides various custom investment options in CITs, self-directed brokerage accounts 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 $850 of sub-transfer agent fees or other similar fees derived from mutual funds previously in the Plan's investment lineup, 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 mutual funds that generated such fees. As these mutual funds were removed from the Plan's investment lineup during the year, this income is not expected in future periods.

Other income also includes the fixed recordkeeping fee charged to Plan participants, which totaled $1,171 in 2025 and has an offsetting amount reflected in the benefits paid to participants. This recordkeeping fee is used to pay the administrative expenses of the Plan.

In accordance with the Plan document, if the amount deducted from participants' accounts exceeds the amount of the administrative expenses actually incurred by the Plan, the excess amount will be credited back to the participants' accounts. If the amount deducted from participants' accounts is less than the amount of administrative expenses actually incurred by the Plan, the shortfall will be paid either through additional deductions from participants' accounts or by the Partnership.

Benefit Payments
Benefit payments to participants are recorded upon distribution.

Administrative Expenses
Administrative expenses were $2,152 for the year ended December 31, 2025. These expenses were primarily recordkeeping fees paid to Empower.

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.

Notes receivable from participants are measured at their unpaid principal plus accrued interest. Loans that are not repaid in accordance with the terms of the Plan are treated as deemed distributions for tax purposes under the Internal Revenue Code. A deemed distribution does not result in a distribution of Plan assets; accordingly, such loans continue to be recorded as participant loans in the accompanying Statement of Net Assets Available for Benefits. As of December 31, 2025, the Plan had participant loans totaling $115 that were classified as deemed distributions for tax reporting purposes.

Due from broker receivables represent amounts due from investment transactions initiated prior to year end that settled subsequent to year end.

3. INVESTMENTS

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

	December 31, 2025			
	Level I	Level II	Level III	Total
Self-directed brokerage accounts	$ 469,467	$ -	$ -	$ 469,467
Mutual Funds	23,879			23,879
Total assets in the fair value heirarchy	$ 493,346	$ -	$ -	$ 493,346
Collective investment trusts *				12,978,922
Total assets at fair value				$ 13,472,268

	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	$ 6,519,862	$ 4,259,312	$ -	$ 10,779,174
Collective investment trust *				903,632
Total assets at fair value				$ 11,682,806

* 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.

4. STABLE VALUE FUND

Beginning December 15, 2025, the Plan offered a new stable value investment option, the Stable Value Fund (the “Fund”), which is a customized separately-managed stable value account managed by Galliard Capital Management. The Fund includes security-backed (synthetic) guaranteed investment contracts ("GICs") issued by insurance companies and other financial institutions and a short-term investment fund used as a liquidity vehicle to process daily participant flows. The synthetic GICs are backed by portfolios of fixed income securities and are designed to provide preservation of principal and a stable rate of return while permitting participant transactions at contract value. The contract issuers provide wrapper contracts that obligate the issuers to pay qualified participant-directed withdrawals at contract value. Contract value represents contributions made to the contracts, plus credited earnings, less participant withdrawals and administrative expenses. The crediting rates on the contracts are reset periodically and are intended to recognize the difference between the fair value and contract value of the underlying investments over the duration of the contracts. The contracts generally provide that the crediting rate will not be less than zero.

Prior to the Fund, the Plan offered the Edward Jones Stable Value Fund which invested in a traditional and synthetic GIC.

The following table disaggregates the Stable Value Fund between the types of investment contracts held by the Plan as of December 31:

	2025	2024
Synthetic GICs	$ 290,411	$ 93,203
Traditional GIC	-	173,539
Short-term investment fund *	21,218	-
Total stable value fund	$ 311,629	$ 266,742

* Short-term investment fund is held at fair value and is included in Note 3, included in table above to show the total Stable Value Fund

The GIC 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 Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contracts is dependent on the third-party issuers' 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.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, 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 2022.

6. PARTY-IN-INTERESTS TRANSACTIONS

Certain Plan investments and transactions are with parties-in-interest, as defined by ERISA. The Plan's trustee is Empower Trust Company, LLC., and the Plan's recordkeeper is Empower Annuity Insurance Company. Fees incurred for trustee, recordkeeping, and other administrative services provided by these entities are considered party-in-interest transactions; however, such transactions are exempt from the prohibited transaction rules of ERISA.

Galliard Capital Management serves as investment manager for the Fund. Investments in the Fund and related investment management fees constitute party-in-interest transactions. Investment management fees are reflected as a reduction of the investment return earned by the fund.

In addition, the Plan has notes receivable from participants (“participant loans”) outstanding, which are considered party-in-interest transactions. These loans are also exempt from the prohibited transaction provisions of ERISA**.**

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

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The accompanying financial statements have been prepared in conformity with U.S. GAAP. Certain information included in the Plan's Form 5500 is prepared in accordance with applicable Department of Labor reporting requirements. As a result, amounts reported in Form 5500 may differ from amounts presented in the accompanying financial statements due to differences in reporting, presentation, and measurement requirements. As of December 31, 2025, there is one difference of $115 due to deemed-distributed notes receivable and related accrued interest.

8. 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.

9. SUBSEQUENT EVENTS

The Partnership has evaluated subsequent events of the Plan for recognition or disclosure through October 8, 2026, 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, 2025
(Dollars in thousands, except per participant data)

(a)	(b) Identity of Issuer or Borrower	(c) Description of Investments	(d) Cost	(e) Current Value
	Mutual Funds			
	EDWARD JONES LA MULTI-SECTOR SSB TM	Mutual Funds		$ 1,321
	DFA US Micro Cap I	Mutual Funds		22,558
	Total Mutual Funds			$ 23,879
	Collective Investment Trust			
	BBH Series Fund - Income	Collective Investment Trust		$ 197,189
	Prudential Core Plus Bond Fund 5	Collective Investment Trust		196,865
	GREAT GRAY BRANDES INTL VALUE TRANSITION	Collective Investment Trust		200,261
	Great Gray RBC Emerging Markets Equity CIT Class 4	Collective Investment Trust		130,666
	MFS International Equity CI 3A	Collective Investment Trust		246,733
	Ninety One Emerging Markets Equity CIT Fund - Class S	Collective Investment Trust		122,220
	Vontobel Quality Growth International Equity Trust CL C	Collective Investment Trust		199,403
**	SHORT-TERM INVESTMENT FUND II	Collective Investment Trust		21,218
	Conestoga SMID Cap Growth CIF Class C	Collective Investment Trust		173,911
	LSV U.S. Small Mid Cap Value Equity Fund CL F	Collective Investment Trust		242,352
	WTC-CIF II SMID Cap Research Equity (Series 3)	Collective Investment Trust		165,875
	Vanguard Extended Market Index Trust FLX	Collective Investment Trust		356,848
	Vanguard Institutional 500 IDX Trust FLX	Collective Investment Trust		4,466,810
	Vanguard Target Retirement 2020 Trust	Collective Investment Trust		360,682
	Vanguard Target Retirement 2025 Trust	Collective Investment Trust		739,757
	Vanguard Target Retirement 2030 Trust	Collective Investment Trust		965,871
	Vanguard Target Retirement 2035 Trust	Collective Investment Trust		1,054,140
	Vanguard Target Retirement 2040 Trust	Collective Investment Trust		880,020
	Vanguard Target Retirement 2045 Trust	Collective Investment Trust		808,407
	Vanguard Target Retirement 2050 Trust	Collective Investment Trust		541,011
	Vanguard Target Retirement 2055 Trust	Collective Investment Trust		253,239
	Vanguard Target Retirement 2060 Trust	Collective Investment Trust		113,749
	Vanguard Target Retirement 2065 Trust	Collective Investment Trust		24,251
	Vanguard Target Retirement 2070 Trust	Collective Investment Trust		82,087
	Vanguard Target Retirement Income Trust	Collective Investment Trust		220,977
	Vanguard Total Bond Market IDX Trust FLX	Collective Investment Trust		59,744
	Vanguard Total INTL STK MKT IDX TRST FLX	Collective Investment Trust		154,636
	Total Collective Investment Trust			$ 12,978,922
**	Galliard Intermediate Core Fund	Synthetic GIC		$ 174,016
**	Galliard Short-term Core Fund	Synthetic GIC		104,304
**	Wrapper contract	Wrapper contract		12,091
	Total Synthetic GICs			$ 290,411
	Charles Schwab	Self-directed brokerage accounts		$ 469,467
*	Participant Loans	Interest rates ranging from 8.0% to 8.5%, maturing through December 2035		$ 35,447
		TOTAL PLAN ASSETS		**$ 13,798,126**

* Denotes party-in-interest to the Plan.
** Investment held by the Stable Value Fund

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025
(Dollars in thousands, except per participant data)

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** Investment held by the Stable Value Fund