

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [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 CAPITAL RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 07/01/1988
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) CAPITAL GROUP COMPANIES, INC. 333 S HOPE STREET 53RD FLOOR LOS ANGELES, CA 90071
2b Employer Identification Number (EIN) 86-0206507
2c Plan Sponsor's telephone number 959-975-3820
2d Business code (see instructions) 525990

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

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

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

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ADMINISTRATIVE COMMITTEE, C/O CAPITAL GROUP COMPANIES, INC. 333 S HOPE STREET 53RD FLOOR LOS ANGELES, CA 90071	3b Administrator's EIN 95-3151387 3c Administrator's telephone number 959-975-3820
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	12111
---	----------	-------

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)	7743
a(2) Total number of active participants at the end of the plan year	6a(2)	7871
b Retired or separated participants receiving benefits	6b	66
c Other retired or separated participants entitled to future benefits	6c	4220
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	12157
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	103
f Total. Add lines 6d and 6e	6f	12260
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)	12070
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)	12212
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	661

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2R 2S 2T

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan CAPITAL RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITAL GROUP COMPANIES, INC.	D Employer Identification Number (EIN) 86-0206507	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 37 50	SERVICE PROVIDER	31050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>CAPITAL RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CAPITAL GROUP COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>86-0206507</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: CG INTL EQUITY TRUST (US) CL DB

b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST

c EIN-PN <u>95-6597294-053</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6605965</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2010 TD RET TRUST (US) TD4

b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST

c EIN-PN <u>95-6597294-510</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4668803</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2015 TD RET TRUST (US) TD4

b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST

c EIN-PN <u>95-6597294-515</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7160563</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2020 TD RET TRUST (US) TD4

b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST

c EIN-PN <u>95-6597294-520</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49814366</u>
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2025 TD RET TRUST (US) TD4

b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST

c EIN-PN <u>95-6597294-525</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>185273828</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2030 TD RET TRUST (US) TD4

b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST

c EIN-PN <u>95-6597294-530</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>348285501</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2035 TD RET TRUST (US) TD4

b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST

c EIN-PN <u>95-6597294-535</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>453704424</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2040 TD RET TRUST (US) TD4		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-540	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 408434002
a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2045 TD RET TRUST (US) TD4		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-545	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 318560012
a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2050 TD RET TRUST (US) TD4		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-550	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223716971
a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2055 TD RET TRUST (US) TD4		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-555	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119415535
a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2060 TD RET TRUST (US) TD4		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-560	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87060758
a Name of MTIA, CCT, PSA, or 103-12 IE: CG AMCAP TRUST (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-660	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 251249229
a Name of MTIA, CCT, PSA, or 103-12 IE: CG FUNDAMENTAL INVESTORS TRST(US)U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-668	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265452237
a Name of MTIA, CCT, PSA, or 103-12 IE: CG GRWTH FUND OF AMERICA TRST(US)U3		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-662	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 787928012
a Name of MTIA, CCT, PSA, or 103-12 IE: CG NEW ECONOMY TRUST (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-663	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 216507451
a Name of MTIA, CCT, PSA, or 103-12 IE: CG NEW PERSPECTIVE TRUST (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-303	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324442859

a Name of MTIA, CCT, PSA, or 103-12 IE: CG WASH MUTUAL INVESTORS TR (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-671	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228652075
a Name of MTIA, CCT, PSA, or 103-12 IE: CG WORLD GROWTH & INCOME TR (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-667	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192925568
a Name of MTIA, CCT, PSA, or 103-12 IE: CG 2065 TD RET TRUST (US) TD4		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-565	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17938912
a Name of MTIA, CCT, PSA, or 103-12 IE: CG LONG DURATION CREDIT TRUST CL DB		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-293	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50421053
a Name of MTIA, CCT, PSA, or 103-12 IE: CG AMERICAN BAL TRUST (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-672	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124047102
a Name of MTIA, CCT, PSA, or 103-12 IE: CG AMERICAN MUTUAL TRUST (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-666	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114026621
a Name of MTIA, CCT, PSA, or 103-12 IE: CG EUROPACIFIC GROWTH TRUST (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-661	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153325164
a Name of MTIA, CCT, PSA, or 103-12 IE: CG INVSTMT COMP OF AM TRUST (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6597294-670	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213756075
a Name of MTIA, CCT, PSA, or 103-12 IE: CG US CORE FIX INCOME TR (US) U2		
b Name of sponsor of entity listed in (a): CG EMPLOYEE BENEFIT INVESTMENT TRUST		
c EIN-PN 95-6963036-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60682141
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan CAPITAL RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 CAPITAL GROUP COMPANIES, INC.	D Employer Identification Number (EIN) 86-0206507

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	185785272	189888602
(2) Participant contributions	1b(2)	1275265	1358254
(3) Other	1b(3)	8035597	6725069
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	67556480	67289262
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	10733655	12345411
(9) Value of interest in common/collective trusts	1c(9)	3742874468	5214055227
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2116836008	1575768808
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6133096745	7067430633
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	15148564	12601291
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15148564	12601291
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6117948181	7054829342

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)	189888602	
(B) Participants	2a(1)(B)	81977071	
(C) Others (including rollovers)	2a(1)(C)	13744301	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		285609974
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	37045755	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		781625190
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		113129855
c Other income.....	2c		58699321
d Total income. Add all income amounts in column (b) and enter total.....	2d		1276110095

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	337792897	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		337792897
f Corrective distributions (see instructions).....	2f		1436037
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		339228934

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		936881161
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DELOITTE & TOUCHE**

(2) EIN: **13-3891517**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	606
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	130000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>CAPITAL RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAPITAL GROUP COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>86-0206507</u>	

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): 13-3795042

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Capital Retirement Savings Plan

Employer Identification Number: 86-0206507

Plan Number: 002

Financial Statements as of June 30, 2024 and 2023,
and for the Year Ended June 30, 2024,
Supplemental Schedules as of June 30, 2024,
and Independent Auditor's Report

CAPITAL RETIREMENT SAVINGS PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1–3
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended June 30, 2024	5
Notes to Financial Statements as of June 30, 2024 and 2023, and for the Year Ended June 30, 2024	6–14
SUPPLEMENTAL SCHEDULES:	15
Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year) as of June 30, 2024	16–17
Form 5500, Schedule H, Part IV, Line 4a—Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2023	18
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 have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the US Retirement Benefits Committee of
the Capital Retirement Savings Plan:

Opinion

We have audited the financial statements of Capital Retirement Savings 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 June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024, and the related notes to 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 June 30, 2024 and 2023, and the changes in its net assets available for benefits for the year ended June 30, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's 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 audits. 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 that 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.

Auditor's 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 auditor's 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 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 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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2024 and supplemental schedule of delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 audits 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 GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are 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 schedules are 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.

Deloitte & Touche LLP

February 21, 2025

CAPITAL RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF JUNE 30, 2024 AND 2023

	2024	2023
ASSETS:		
Participant-directed investments—at fair value	<u>\$6,630,632,080</u>	<u>\$5,699,992,356</u>
Net assets held in 401(h) account	<u>226,481,217</u>	<u>227,274,601</u>
Receivables:		
Employer contribution receivable	189,888,602	185,785,272
Employee contribution receivable	1,358,254	1,275,265
Notes receivable from participants	12,345,411	10,733,655
Receivables for investments sold	4,850,156	6,004,775
Accrued investment income	<u>1,672,683</u>	<u>1,843,835</u>
Total receivables	<u>210,115,106</u>	<u>205,642,802</u>
Total assets	<u>7,067,228,403</u>	<u>6,132,909,759</u>
LIABILITIES:		
Excess contributions payable	1,436,037	1,059,957
Amounts related to obligation of 401(h) account	226,481,217	227,274,601
Payables for investments purchased	<u>6,522,839</u>	<u>7,848,611</u>
Total liabilities	<u>234,440,093</u>	<u>236,183,169</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$6,832,788,310</u>	<u>\$5,896,726,590</u>

See notes to financial statements.

CAPITAL RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED JUNE 30, 2024

ADDITIONS:

Contributions:

Participant contributions	\$ 80,541,034
Participant rollover contributions	13,744,301
Employer contributions	<u>189,888,602</u>

Total contributions 284,173,937

Investment income:

Net appreciation in fair value of investments	935,684,731
Interest, dividends, and capital gains distributions	<u>49,676,293</u>

Net investment income 985,361,024

Total additions 1,269,534,961

DEDUCTIONS— Benefits paid to participants (333,473,241)

INCREASE IN NET ASSETS 936,061,720

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 5,896,726,590

End of year \$6,832,788,310

See notes to financial statements.

CAPITAL RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF JUNE 30, 2024 AND 2023, AND FOR THE YEAR ENDED JUNE 30, 2024

1. DESCRIPTION OF THE PLAN

General—The Plan is a defined contribution plan sponsored by The Capital Group Companies, Inc. (“CGC”). Employees are eligible for the Plan immediately upon employment, provided they are salaried employees of The Capital Group Companies, Inc. or a participating affiliate (the “Company”). The Plan is administered by the US Retirement Benefits Committee of the Company (the “Committee”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions—Participant contributions to the Plan include elective deferrals (both pre-tax and Roth) from the employees’ compensation made through a direct reduction of compensation each payroll period, subject to certain Internal Revenue Code of 1986 (the “Code” or IRC) limitations and limitations established by the Committee.

Company contributions under the Plan amount to 15% of the eligible compensation of participating employees, subject to certain limitations, reduced by forfeitures of terminated participants. The Company contributed the amount required for the year under the Company contribution formula. The Company contributions account includes the Company contributions to the Plan, as well as any former Revised Master Retirement Plan account, if any.

Participants may roll over amounts to the Plan subject to certain limitations as described in the Plan document.

The trustee for the Plan is Capital Bank & Trust Company (“CB&T”), a wholly owned subsidiary of CGC. JPMorgan serves as the custodian of the Plan. Amounts contributed are invested at the direction of each participant in one or more of the funds for which Capital Research and Management Company (“CRMC”), a wholly owned subsidiary of CGC, CB&T, and Capital International Inc. (“CIInc”), are the investment advisors. Participants share the investment income and the realized and unrealized gains or losses of only those funds to which they have directed their investments.

Participant Accounts—Individual accounts are maintained for each Plan participant. Each participant’s account is credited with the participant’s contributions, withdrawals, and earnings. The benefit to which a participant is entitled is equal to the participant’s vested account balance.

Investments—Participants direct the investment of their account into various investment options offered by the Plan. If no investment election is made, the participant’s account will be invested in a default fund. The participant’s account will reflect only the gains or losses attributable to the funds for which they are invested.

Vesting—Each participant’s interest in his or her elective deferrals is fully vested at all times. A participant’s interest in their Company contributions is vested in the following percentages after the indicated years of service: 10% (one), 20% (two), 40% (three), 60% (four), 80% (five), and 100% (six).

Upon death, total and permanent disability, the attainment of age 60, or the Plan's termination, the total amount in a participant's account becomes fully vested without regard to the period of employment.

Notes Receivable from Participants—Participants may generally borrow from their accounts up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates at the time funds are borrowed, as determined quarterly by the Committee. Principal and interest are paid ratably through payroll deductions. Loan terms shall not exceed five years. Participants may not have more than two loans outstanding at any time. As of June 30, 2024, participant loans have maturities through 2029 at interest rates ranging from 4.25% to 9.25%.

Payment of Benefits—Upon termination of service, death, disability, or attainment of normal retirement age, a participant or spouse beneficiary (in the case of death) may elect to receive a distribution as follows: (a) as a lump sum or (b) based on specific written directions submitted to the trustee, by payment of all or any portion of the account, provided the minimum partial withdrawal is \$1,000 (or, if less, the balance in the account); however, if such participant fails to make such an election, their account shall be distributed in one lump sum.

Special rules apply to the Company contributions account, if any. Upon termination of service, death, disability, or attainment of normal distribution retirement age, a participant or spouse beneficiary (in the case of death) may receive a distribution as an annuity in the form of a qualified joint and survivor option, unless a different form of distribution is elected as follows: (a) as a lump sum; (b) based on specific written directions submitted to the trustee, by payment of all or any portion of the account, provided the minimum partial withdrawal is \$1,000 (or, if less, the balance in the account); (c) in annual installments over a period of years not to exceed the participant's life expectancy; or (d) in the form of an annuity contract. The qualified joint and survivor annuity option is not available to a nonspouse beneficiary.

If a participant's vested balance is greater than \$5,000, a participant may elect to maintain his or her funds in the Plan until the year in which they reach age 73. In addition, a terminated participant may also elect to transfer into an individual retirement account all amounts that qualify as rollovers under the provisions of the Code.

A participant who is still employed by the Company may withdraw a part or all of their deferral contributions account (both pretax and Roth after-tax) any time after attaining age 59 ½, their rollover account at any time, and their Company contributions account upon reaching the first day of the month coinciding with or following their 62nd birthday. Any such withdrawal shall be subject to the conditions of the Plan.

A participant who is employed by the Company may request a hardship withdrawal from their deferral contributions account in the event of an immediate and heavy financial need. Any such withdrawal shall be subject to the conditions of the Plan.

Forfeited Accounts—At June 30, 2024 and 2023, forfeited nonvested accounts totaled \$7,320,799 and \$6,014,899 respectively. However, these accounts were used subsequent to year-end to reduce employer contributions at June 30, 2024 and 2023, by \$7,320,799 and \$6,014,899, respectively.

401(h) Account—The health and welfare component, in addition to normal retirement benefits, is intended to fund a portion of the postretirement health care benefits for retirees, their spouses, and

eligible dependents through a separate health and welfare plan. Under the Code, companies are permitted to fund a portion of their postretirement health care obligations through a Section 401(h) account in their pension plan. According to the provisions of the Code, such benefits are subordinate to the retirement benefits provided by the Plan. In addition, the assets of the Plan (excluding the 401(h) account) arising from retirement contributions are not permitted to be used for purposes of payments of the health care benefits, and the assets pertaining to the Section 401(h) account may be used only to pay health benefits (unless the health and welfare plan is terminated and all benefits are paid, in which case any excess assets can be used to pay retiree benefits). A separate account has been established and maintained in the Plan for employer contributions to the 401(h) account. The 401(h) account invests in certain commingled funds and mutual funds managed by CB&T and CRMC, respectively, and in U.S. government securities and money market funds.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates—The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, changes therein, and disclosure of contingent liabilities. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan utilizes various investment instruments, including mutual funds, commingled funds, and U.S. government securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition—The Plan’s investments in mutual funds, commingled funds, money market funds and U.S. government securities are stated at fair value. Fair value of a financial instrument is 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. Shares of mutual funds are valued at quoted market prices, which represent the net asset value (“NAV”) of shares held by the Plan at year-end. Shares of commingled funds are valued at NAV per unit as reported by the commingled fund managers. U.S. government securities are valued using benchmark yields and interest rate volatilities.

Purchases and sales of mutual funds, commingled funds, money market funds and U.S. government securities are recorded on a trade-date basis. Realized gains and losses are recorded on the basis of average cost. Interest income is recorded on the accrual basis. Dividends and capital gains distributions are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold, as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in the mutual funds and commingled funds are deducted from income earned and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants—Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Administrative Expenses—Costs and expenses incurred in connection with the administration of the Plan are borne by the Company.

Payment of Benefits—Benefit payments to participants are recorded upon distribution. Accordingly, benefits payable to persons that have elected to withdraw from the Plan but not yet paid have not been accrued. At June 30, 2024 and 2023, there were \$4,440,185 and \$6,053,010 payable to participants, respectively. Refer to Note 5.

Excess Contributions Payable—The Plan is required to return contributions received during the Plan year in excess of the IRC limits.

3. FAIR VALUE MEASUREMENT

Financial Accounting Standards Board Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

- **Level 1**—Values are based on quoted prices in active markets for identical securities.
- **Level 2**—Values are based on significant observable market inputs, such as quoted prices for similar securities and quoted prices in inactive markets.
- **Level 3**—Values are based on significant unobservable inputs that reflect the Plan’s determination of assumptions that market participants might reasonably use in valuing the securities.

Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Below is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Mutual Funds—Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price.

Money Market Funds—Valued at quoted market prices that represent the published net asset value of the shares serving as the basis for current transactions.

Commingled Funds—Valued at the NAV per unit. The NAV, as provided by the commingled fund managers, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Commingled funds are redeemable on a daily basis. No other redemption restrictions exist and there are no commitments associated with these investments.

The strategy of the commingled funds held by the Plan focuses primarily on investing in companies with attributes that are associated with long-term growth and resilience to market declines, such as strong management, participation in a growing market, strong balance sheets, payment of dividends and the potential for above average growth in earnings, revenues, book value, cash flow and/or return on assets.

U.S. Government securities—Valued using pricing models maximizing the use of observable inputs for similar securities.

The following tables present, by fair value hierarchy level and major categorization, the Plan’s investments that are carried at fair value as of June 30, 2024 and 2023:

	2024			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	\$ 1,472,238,463	\$ -	\$ -	\$ 1,472,238,463
Commingled funds(a)	-	-	-	5,157,028,209
Money market funds	<u>1,365,408</u>	<u>-</u>	<u>-</u>	<u>1,365,408</u>
Total investments held in the Plan	<u>\$ 1,473,603,871</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,630,632,080</u>
Investments held in 401(h):				
Mutual funds	\$ 101,828,425	\$ -	\$ -	\$ 101,828,425
Commingled funds ^(a)	-	-	-	57,027,018
Money market funds	336,512	-	-	336,512
U.S. government securities	<u>-</u>	<u>67,289,262</u>	<u>-</u>	<u>67,289,262</u>
Total investments held in 401(h)	<u>\$ 102,164,937</u>	<u>\$ 67,289,262</u>	<u>\$ -</u>	<u>\$ 226,481,217</u>

	2023			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	\$ 2,013,875,211	\$ -	\$ -	\$ 2,013,875,211
Commingled funds(a)	-	-	-	3,685,355,960
Money market funds	<u>761,185</u>	<u>-</u>	<u>-</u>	<u>761,185</u>
Total investments held in the Plan	<u>\$ 2,014,636,396</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,699,992,356</u>
Investments held in 401(h):				
Mutual funds	\$ 100,947,952	\$ -	\$ -	\$ 100,947,952
Commingled funds ^(a)	-	-	-	57,518,508
Money market funds	1,251,661	-	-	1,251,661
U.S. government securities	<u>-</u>	<u>67,556,480</u>	<u>-</u>	<u>67,556,480</u>
Total investments held in 401(h)	<u>\$ 102,199,613</u>	<u>\$ 67,556,480</u>	<u>\$ -</u>	<u>\$ 227,274,601</u>

(a) Investments for which fair value is measured at net asset value per share (or its equivalent) using the practical expedient permitted in ASC 820, *Fair Value Measurement*, are not categorized in the fair value hierarchy. The total fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Transfers Between Levels—The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or the availability of observable inputs may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the year ended June 30, 2024, there were no transfers between levels.

4. NET ASSETS AVAILABLE IN 401(H) ACCOUNT AND RELATED CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Certain of the Plan's assets are restricted to fund a portion of postretirement health and welfare benefits for retirees and their beneficiaries in accordance with Section 401(h) of the Code. The components of the net assets available for such benefits as of June 30, 2024 and 2023, are as follows:

Net Assets Available for Postretirement Health Care Benefits in 401(h) Account	2024
Accrued investment income	\$ 202,230
Investments at fair value—mutual and commingled funds and U.S. government securities	226,481,217
Payable for investments sold	<u>(202,230)</u>
Total net assets available for benefits in 401(h) account	<u>\$ 226,481,217</u>

Net Assets Available for Postretirement Health Care Benefits in 401(h) Account	2023
Accrued investment income	\$ 186,987
Investments at fair value—mutual and commingled funds and U.S. government securities	227,274,601
Payable for investments sold	<u>(186,987)</u>
Total net assets available for benefits in 401(h) account	<u>\$ 227,274,601</u>

The related changes in net assets available for benefits for the period from July 1, 2023, through June 30, 2024 are as follows:

Changes in Net Assets in 401(h) Account	2024
Net depreciation in fair value of investments	\$(3,883,931)
Interest, dividends, and capital gains distributions	9,023,028
Deductions—benefits paid to participants	<u>(5,932,481)</u>
Net decrease in net assets available for benefits in 401(h) account	<u>\$ (793,384)</u>

5. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30, 2024 and 2023, is as follows:

	2024	2023
Net assets available for benefits per the financial statements	\$ 6,832,788,310	\$ 5,896,726,590
Net assets held in 401(h) account	226,481,217	227,274,601
Amounts allocated to withdrawing participants	<u>(4,440,185)</u>	<u>(6,053,010)</u>
Net assets available for benefits per Form 5500	<u>\$ 7,054,829,342</u>	<u>\$ 6,117,948,181</u>

A reconciliation of participant contributions, benefits paid to participants, and corrective distributions (excess contributions) per the financial statements to the Form 5500 for the year ended June 30, 2024, is as follows:

Deductions—benefits paid to participants per the financial statements	\$ 333,473,241
Add benefits paid to participants from 401(h) accounts	5,932,481
Add amounts allocated to withdrawing participants at June 30, 2024	4,440,185
Less amounts allocated to withdrawing participants at June 30, 2023	<u>(6,053,010)</u>
Deductions—benefits paid to participants per Form 5500	<u>\$ 337,792,897</u>

Excess contributions are recorded in Form 5500 as corrective distributions, separate from participant contributions and rollovers.

	Financial Statements	401(h) Account	Excess Contributions Payable	Amounts per the Form 5500
Employer contribution	\$ 189,888,602	\$ -	\$ -	\$ 189,888,602
Participant rollovers	13,744,301	-	-	13,744,301
Participant contribution	80,541,034	-	1,436,037	81,977,071
Interest, dividends, and capital gains distributions	49,676,293	9,023,028	-	58,699,321
Net appreciation (depreciation) in fair value of investments	<u>935,684,731</u>	<u>(3,883,931)</u>	<u>-</u>	<u>931,800,800</u>
Total additions	<u>\$1,269,534,961</u>	<u>\$ 5,139,097</u>	<u>\$1,436,037</u>	<u>\$1,276,110,095</u>

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in mutual funds and commingled funds for which CRMC, CB&T, and CIIInc are the investment advisors. The trustee for the Plan is CB&T, and therefore, these transactions qualify as exempt party-in-interest transactions. The Plan also invests in mutual funds managed by JPMorgan, the Plan custodian, and money market funds managed by Alight, the Plan's record keeper. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each mutual and commingled fund. All fees to administer the Plan were paid by the Company as provided in the Plan document.

7. NONEXEMPT PARTY-IN-INTEREST TRANSACTION

The Company plans to remit January 2024 participant contributions of \$606 to the trustee later than required by Department of Labor (DOL) Regulation 2510.3-102. The Company plans to file Form 5330 with the IRS and will pay the required excise tax on the transaction. In addition, participant accounts will be credited with the amount of investment income that would have been earned had the participant contribution been remitted on a timely basis.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, participants will become fully vested in their accounts and the entire amounts credited to participants' accounts are payable to participants in cash.

9. FEDERAL INCOME TAX STATUS

The Internal Revenue Service had determined and informed the Company by a letter dated November 20, 2013, that the former 401(k) Tax Advantage Plan of The Capital Group Companies, Inc. is designed in accordance with applicable regulations of the IRC and is not subject to federal income taxes. The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and that the related trust continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

10. SUBSEQUENT EVENTS

The Plan's management evaluated activity of the Plan through February 21, 2025 the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the Plan financial statements

SUPPLEMENTAL SCHEDULES

CAPITAL RETIREMENT SAVINGS PLAN

Employer Identification Number: 86-0206507
 Plan Number: 002

FORM 5500, SCHEDULE H, PART IV LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS FOR THE YEAR ENDED JUNE 30, 2024

	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant Contributions Transferred Late to the Plan				
<input type="checkbox"/> Check here if late participant loan contributions are included				
2024 Participant Contributions Transferred Late to the Plan	<u>\$606</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

See accompanying independent auditor's report

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

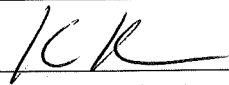
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan Capital Retirement Savings Plan	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 07/01/1988
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) Capital Group Companies, Inc.	2b Employer Identification Number (EIN) 86-0206507
333 S Hope Street 53rd Floor	2c Plan Sponsor's telephone number (959) 975-3820
Los Angeles CA 90071	2d Business code (see instructions) 525990

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		<u>3/18/25</u>	Kathleen Kelly
	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 <input type="checkbox"/> Same as Plan Sponsor Administrative Committee, c/o Capital Group Companies, Inc. 333 S Hope Street 53rd Floor Los Angeles CA 90071	3b Administrator's EIN 95-3151387 3c Administrator's telephone number (959) 975-3820
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN

5 Total number of participants at the beginning of the plan year	5	12,111
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)	7,743
a(2) Total number of active participants at the end of the plan year	6a(2)	7,871
b Retired or separated participants receiving benefits	6b	66
c Other retired or separated participants entitled to future benefits	6c	4,220
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	12,157
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	103
f Total. Add lines 6d and 6e.	6f	12,260
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)	12,070
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)	12,212
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	661
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2R 2S 2T

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
--	--

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

CAPITAL RETIREMENT SAVINGS PLAN

Employer Identification Number: 86-0206507
Plan Number: 002

FORM 5500, SCHEDULE H, PART IV LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF JUNE 30, 2024

(a) (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Par or Maturity Value	(d) Cost **	(e) Current Value
MUTUAL AND COMMINGLED FUNDS:			
* American Funds	AMERICAN FUNDS CONSERVATIVE GROWTH & INCOME CL R6		\$ 19,695,158
* American Funds	AMERICAN FUNDS DEVELOPING WORLD GROWTH & INCOME FUND CL R6		12,882,326
* American Funds	AMERICAN FUNDS GLOBAL BALANCED FUND CL R6		21,285,585
* American Funds	AMERICAN FUNDS GROWTH PORTFOLIO CL R6		104,361,667
* American Funds	AMERICAN FUNDS MODERATE GROWTH & INCOME FUND CL R6		18,905,280
* American Funds	AMERICAN GLOBAL GROWTH PORTFOLIO CL R6		67,208,076
* American Funds	AMERICAN GROWTH & INCOME PORTFOLIO CL R6		57,330,154
* Capital Bank & Trust Company	CAPITAL GROUP 2010 TARGET DATE RET TRUST (US) TD4		4,668,803
* Capital Bank & Trust Company	CAPITAL GROUP 2015 TARGET DATE RET TRUST (US) TD4		7,160,563
* Capital Bank & Trust Company	CAPITAL GROUP 2020 TARGET DATE RET TRUST (US) TD4		49,814,366
* Capital Bank & Trust Company	CAPITAL GROUP 2025 TARGET DATE RET TRUST (US) TD4		185,273,828
* Capital Bank & Trust Company	CAPITAL GROUP 2030 TARGET DATE RET TRUST (US) TD4		348,285,501
* Capital Bank & Trust Company	CAPITAL GROUP 2035 TARGET DATE RET TRUST (US) TD4		453,704,424
* Capital Bank & Trust Company	CAPITAL GROUP 2040 TARGET DATE RET TRUST (US) TD4		408,434,002
* Capital Bank & Trust Company	CAPITAL GROUP 2045 TARGET DATE RET TRUST (US) TD4		318,560,012
* Capital Bank & Trust Company	CAPITAL GROUP 2050 TARGET DATE RET TRUST (US) TD4		223,716,971
* Capital Bank & Trust Company	CAPITAL GROUP 2055 TARGET DATE RET TRUST (US) TD4		119,415,535
* Capital Bank & Trust Company	CAPITAL GROUP 2060 TARGET DATE RET TRUST (US) TD4		87,060,758
* Capital Bank & Trust Company	CAPITAL GROUP 2065 TARGET DATE RET TRUST (US) TD4		17,938,912
* Capital Bank & Trust Company	CAPITAL GROUP AMCAP TRUST (US) U2		251,249,229
* Capital Bank & Trust Company	CAPITAL GROUP AMERICAN BALANCED TRUST (US) U2		124,047,102
* Capital Bank & Trust Company	CAPITAL GROUP AMERICAN MUTUAL TRUST (US) U2		114,026,621
* Capital Bank & Trust Company	CAPITAL GROUP EUROPACIFIC GROWTH TRUST (US) U2		153,325,164
* Capital Bank & Trust Company	CAPITAL GROUP FUNDAMENTAL INVESTORS TRUST (US) U2		265,452,237
* Capital Bank & Trust Company	CAPITAL GROUP GROWTH FUND OF AMERICA TRUST (US) U3		787,928,012
* Capital Bank & Trust Company	CAPITAL GROUP INVESTMENT COMPANY OF AMERICA TRUST (US) U2		213,756,075
* Capital Bank & Trust Company	CAPITAL GROUP NEW ECONOMY TRUST (US) U2		216,507,451
* Capital Bank & Trust Company	CAPITAL GROUP NEW PERSPECTIVE TRUST (US) U2		324,442,859
* Capital Bank & Trust Company	CAPITAL GROUP WASHINGTON MUTUAL INVESTORS TRUST (US) U2		228,652,075
* Capital Bank & Trust Company	CAPITAL GROUP WORLD GROWTH & INCOME TRUST (US) U2		192,925,568
* American Funds	CAPITAL INCOME BUILDER CL R6		112,933,924
* American Funds	EMERGING MARKETS GROWTH FUND INC		88,456,830
* American Funds	INCOME FUND OF AMERICA (THE) CL R6		72,129,877
* American Funds	INTERNATIONAL GROWTH & INCOME FUND CL R6		37,414,023
* American Funds	NEW WORLD FUND INC CL R6		154,703,570
* American Funds	SMALLCAP WORLD FUND INC CL R6		206,267,655
* American Funds	AMERICAN FUNDS INFLATION LINKED BOND CL R6		6,760,649
* American Funds	AMERICAN FUNDS MORTGAGE CL R6		4,349,922
* American Funds	AMERICAN FUNDS PRESERVATION PORTFOLIO CL R6		18,835,106
* American Funds	AMERICAN FUNDS STRATEGIC BOND FUND CL R6		17,696,666
* American Funds	AMERICAN FUNDS US GOVT MONEY MARKET FUND CL R6		244,278,223
* American Funds	AMERICAN HIGH-INCOME TRUST CL R6		70,753,742
* American Funds	CAPITAL WORLD BOND FUND CL R6		17,778,894
* Capital Bank & Trust Company	CAPITAL GROUP US CORE FIXED INCOME TRUST (US) U2		60,682,141
* American Funds	INTERMEDIATE BOND FUND OF AMERICA CL R6		25,898,899
* American Funds	SHORT TERM BOND FUND OF AMERICA CL R6		21,297,489
* American Funds	U S GOVERNMENT SECURITIES FUND CL R6		20,908,957
* JP Morgan	JP MORGAN US TREASURY PL MMF		7,526,054
* JP Morgan	JP MORGAN US TREASURY PL MMF FORFEITURE		3,363

(Continued)

CAPITAL RETIREMENT SAVINGS PLAN

Employer Identification Number: 86-0206507

Plan Number: 002

FORM 5500, SCHEDULE H, PART IV LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF JUNE 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, or Par or Maturity Value	(d) Cost **	(e) Current Value
*	Alight	ALIGHT MONEY MARKET FUND		\$ 1,365,408
*	Capital Bank & Trust Company	AMERICAN FUNDS TARGET DATE 2020 CL R6		2,231,860
*	Capital Bank & Trust Company	AMERICAN FUNDS TARGET DATE 2030 CL R6		1,889,496
*	Capital Bank & Trust Company	AMERICAN FUNDS TARGET DATE 2035 CL R6		1,903,595
*	Capital Bank & Trust Company	AMERICAN FUNDS TARGET DATE 2040 CL R6		199,854
*	American Funds	AMCAP FUND R6		3,238,029
*	American Funds	AMERICAN BALANCED FUND CLASS R6		1,894,701
*	American Funds	AMERICAN BOND FUND OF AMERICA CLASS R6		512,295
*	American Funds	CAPITAL WORLD GROWTH AND INCOME FUND CLASS R6		2,047,747
*	American Funds	EUROPACIFIC GROWTH FUND CLASS R6		1,206,527
*	American Funds	FUNDAMENTAL INVESTORS FUND CLASS R6		3,745,032
*	American Funds	GROWTH FUND OF AMERICA CLASS R6		8,593,250
*	American Funds	INVESTMENT COMPANY OF AMERICA FUND CLASS R6		3,776,364
*	American Funds	MUTUAL FUND CLASS R6		1,377,404
*	American Funds	NEW ECONOMY FUND CLASS R6		4,483,582
*	American Funds	NEW PERSPECTIVE FUND CLASS R6		3,352,580
*	American Funds	WASHINGTON MUTUAL INVESTORS FUND CLASS R6		<u>2,124,058</u>
	Total			<u>6,630,632,080</u>
	401(h) ACCOUNT MUTUAL AND COMMINGLED FUNDS, AND U.S. GOVERNMENT SECURITIES:			
*	American Funds	AMCAP FUND R6	\$ 9,447,640	11,679,568
*	American Funds	AMERICAN MUTUAL FUND R6	13,461,272	18,066,232
*	American Funds	CAPITAL WORLD GROWTH & INCOME FUND R6	12,768,675	15,855,996
*	Capital Bank & Trust Company	CG INTL EQUITY TRUST (US) CL DB	2,412,695	6,605,965
*	American Funds	NEW PERSPECTIVE FUND R6	9,076,150	11,412,014
*	American Funds	SMALLCAP WORLD FUND	1,970,500	2,195,331
*	American Funds	AMERICAN FUNDS CORPORATE BOND CL R6	17,969,208	18,003,595
*	American Funds	AMERICAN FUNDS EMERGING MARKETS BOND FUND CL R6	13,457,310	11,168,425
*	American Funds	AMERICAN FUNDS U.S. GOVERNMENT MONEY MARKET FUND R6	2,200,308	2,200,308
*	American Funds	AMERICAN HIGH-INCOME TRUST CL R6	11,646,051	11,246,956
*	Capital Bank & Trust Company	CAPITAL GROUP LONG DURATION CREDIT TRUST CL DB	47,900,000	50,421,053
*	JP Morgan	JP MORGAN US GOVT CAPITAL SHARES	336,512	336,512
*	U.S. Treasury	U.S. TREASURY STRIPS (maturing 2042–2054) at aggregate par of 212,530,000 at 0% interest	<u>101,769,456</u>	<u>67,289,262</u>
	Total 401(h) account mutual and commingled funds, and U.S. government securities		<u>\$ 244,415,777</u>	<u>226,481,217</u>
	Total investments			6,857,113,297
*	Various participants	Participant loans (maturing 2024–2029) at interest rates of 4.25%–9.25%		<u>12,345,411</u>
	TOTAL			<u>\$ 6,869,458,708</u>

* Denotes a party-in-interest investment

** Cost information for assets outside the 401(h) account are not provided as they are participant-directed

See accompanying independent auditor's report.

(Concluded)