

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [X] a DFE (specify) C
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 GROUP 2025 TARGET DATE RETIREMENT TRUST (US)
1b Three-digit plan number (PN): 525
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): HONG LE, 6455 IRVINE CENTER DRIVE M-2, IRVINE, CA 92618
2b Employer Identification Number (EIN): 95-6597294
2c Plan Sponsor's telephone number: 949-975-5809
2d Business code (see instructions): 525920

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 entries for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

<b>A</b> Name of plan <u>CAPITAL GROUP 2025 TARGET DATE RETIREMENT TRUST (US)</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>525</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CAPITAL BANK AND TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>95-6597294</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP INVESTMENT COMPANY OF</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>95-6597294-670</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81388000</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP INTERNATIONAL GROWTH</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>95-6597294-669</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26719000</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP AMERICAN MUTUAL TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>95-6597294-666</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>166765000</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP GROWTH FUND OF AMERIC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>95-6597294-662</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>599000</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP U.S. INTERMEDIATE-TER</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>95-6597294-681</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>167737000</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP FUNDAMENTAL INVESTORS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>95-6597294-668</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81014000</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP WORLD GROWTH AND INCO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>95-6597294-667</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>162327000</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP AMCAP TRUST (US)		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-660	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77653000
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP WASHINGTON MUTUAL INV		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-671	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137639000
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP AMERICAN BALANCED TRU		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-672	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221304000
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP NEW PERSPECTIVE TRUST		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-303	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 607000
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP U.S. INFLATION LINKED		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-680	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223380000
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP U.S. CORE FIXED INCOM		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-678	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223302000
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP CORE PLUS TOTAL RETUR		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-684	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84033000
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP US HIGH-YIELD TRUST		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-677	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83213000
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP GLOBAL FIXED INCOME T		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-679	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55675000
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GROUP U.S. GOVERNMENT TRUST		
<b>b</b> Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST COMPANY		
<b>c</b> EIN-PN 95-6597294-682	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139954000



Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ANNUITY FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 1	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE ANNUITY FUND OF THE INTERNATIONAL UNION OF OP	<b>c</b> EIN-PN 13-2899670-001
<b>a</b>	Plan name DST SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SS&C TECHNOLOGIES, INC.	<b>c</b> EIN-PN 43-1581814-004
<b>a</b>	Plan name KELLOGG COMPANY PRINGLES SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor KELLOGG COMPANY	<b>c</b> EIN-PN 38-0710690-014
<b>a</b>	Plan name KELLOGG COMPANY SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor KELLOGG COMPANY	<b>c</b> EIN-PN 38-0710690-001
<b>a</b>	Plan name KELLOGG COMPANY BAKERY, CONFECTIONERY, TOBACCO WORKERS AND GRAIN MILLERS SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor KELLOGG COMPANY	<b>c</b> EIN-PN 38-0710690-002
<b>a</b>	Plan name SS&C TECHNOLOGIES, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SS&C TECHNOLOGIES, INC.	<b>c</b> EIN-PN 06-1169696-001
<b>a</b>	Plan name WORKDAY, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor WORKDAY, INC.	<b>c</b> EIN-PN 20-2480422-001
<b>a</b>	Plan name WESTERN CONNECTICUT HEALTH NETWORK 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NUVANCE HEALTH / NUVANCE HEALTH BENEFITS COMMITTEE	<b>c</b> EIN-PN 22-2594977-003
<b>a</b>	Plan name NORWALK HOSPITAL EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NUVANCE HEALTH / NUVANCE HEALTH BENEFITS COMMITTEE	<b>c</b> EIN-PN 22-2577718-001
<b>a</b>	Plan name WESTERN DIGITAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor RETIREMENT, SEVERANCE AND ADMINISTRATIVE COMMITTEE, WESTERN DIGITAL CO	<b>c</b> EIN-PN 33-0956711-003
<b>a</b>	Plan name ARCTIC SLOPE REGIONAL CORPORATION & SUBSIDIARIES EMPLOYEES RETIREMENT	
<b>b</b>	Name of plan sponsor ARCTIC SLOPE REGIONAL CORPORATION & SUBSIDIARIES EMPLOYEES RETIREMENT	<b>c</b> EIN-PN 92-0044137-333
<b>a</b>	Plan name CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN	
<b>b</b>	Name of plan sponsor CHARLES RIVER LABORATORIES, INC.	<b>c</b> EIN-PN 76-0509980-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name II-VI INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor II-VI INCORPORATED	<b>c</b> EIN-PN 25-1214948-001
<b>a</b>	Plan name GREAT GRAY TRUST CAPITAL GROUP TARGET DATE SERIES	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 99-1247497-001
<b>a</b>	Plan name CAPITAL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE CAPITAL GROUP COMPANIES, INC.	<b>c</b> EIN-PN 95-6264583-001
<b>a</b>	Plan name GRANT THORNTON LLP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GRANT THORNTON LLP	<b>c</b> EIN-PN 36-6055558-001
<b>a</b>	Plan name NOV INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NOV INC.	<b>c</b> EIN-PN 76-0488987-002
<b>a</b>	Plan name KELLOGG COMPANY MASTER TRUST	
<b>b</b>	Name of plan sponsor KELLOGG COMPANY ERISA FINANCE COMMITTEE	<b>c</b> EIN-PN 04-3159705-001
<b>a</b>	Plan name CONSTELLATION SOFTWARE (USA) INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRAPEZE SOFTWARE GROUP INC	<b>c</b> EIN-PN 46-1138762-001
<b>a</b>	Plan name NEWS CORP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NC TRANSACTION INC	<b>c</b> EIN-PN 46-1138762-001
<b>a</b>	Plan name SEPHORA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SEPHORA 401(K) PLAN COMMITTEE	<b>c</b> EIN-PN 94-3322407-001
<b>a</b>	Plan name NEW ORLEANS PELICANS NBA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW ORLEANS PELICANS NBA, LLC	<b>c</b> EIN-PN 56-1951282-001
<b>a</b>	Plan name BENSCO OF LOUISIANA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BENSCO OF LOUISIANA LLC	<b>c</b> EIN-PN 87-0694420-001
<b>a</b>	Plan name CORPORATE REALTY INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORPORATE REALTY INC	<b>c</b> EIN-PN 72-1177540-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 4 ANNUITY & SAVINGS FUND	
<b>b</b>	Name of plan sponsor BOARD OF TTEES OF THE IUOE LOCAL 4 ANNUITY & SAVINGS FUND	<b>c</b> EIN-PN 04-3002474-001
<b>a</b>	Plan name NEW ORLEANS SAINTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW ORLEANS SAINTS LLC	<b>c</b> EIN-PN 74-2368470-001
<b>a</b>	Plan name RWJBARNABAS HEALTH 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RWJBH CORPORATE SERVICES INC	<b>c</b> EIN-PN 22-2405279-005
<b>a</b>	Plan name KOHLBERG KRAVIS ROBERTS & CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KOHLBERG KRAVIS ROBERTS & CO. L.P.; SCOTT KARNAS, PLAN FIDUCIARY	<b>c</b> EIN-PN 13-2857105-001
<b>a</b>	Plan name GREENHECK FAN CORPORATION 401 (K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GREENHECK FAN CORPORATION	<b>c</b> EIN-PN 39-0920319-005
<b>a</b>	Plan name INSULET CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INSULET CORPORATION	<b>c</b> EIN-PN 04-3523891-001
<b>a</b>	Plan name SMART, SHEET METAL WORKERS LOCAL NO. 104 SUPPLEMENTAL PENSION PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TTEE OF SMART,SHEET METAL WORKERS LOCAL 104 SUPPLEMENTAL PE	<b>c</b> EIN-PN 94-6560138-001
<b>a</b>	Plan name ROYAL CARIBBEAN CRUISES LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROYAL CARIBBEAN CRUISES LTD	<b>c</b> EIN-PN 98-0081645-003
<b>a</b>	Plan name HENKEL 401(K) AND DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor HENKEL OF AMER, INC. BENEFITS ADMIN COMMITTEE	<b>c</b> EIN-PN 41-1372525-003
<b>a</b>	Plan name THE DIAL CORPORATION 401(K) PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor HENKEL OF AMER, INC. BENEFITS ADMIN COMMITTEE / HENKEL OF AMER, INC.	<b>c</b> EIN-PN 41-1372525-004
<b>a</b>	Plan name RETIREMENT PLAN OF HENKEL PUERTO RICO, INC.	
<b>b</b>	Name of plan sponsor HENKEL OF AMER, INC. BENEFITS ADMIN COMMITTEE/HENKEL PUERTO RICO, INC.	<b>c</b> EIN-PN 66-0266147-001
<b>a</b>	Plan name HENKEL PUERTO RICO, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HENKEL OF AMER, INC. BENEFITS ADMIN COMMITTEE/HENKEL PUERTO RICO, INC.	<b>c</b> EIN-PN 66-0266147-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name WESCO DISTRIBUTION INC., RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WESCO DISTRIBUTION INC.	<b>c</b> EIN-PN 25-1723345-001
<b>a</b>	Plan name THE MARVIN COMPANIES PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARVIN LUMBER AND CEDAR COMPANY	<b>c</b> EIN-PN 41-0396845-333
<b>a</b>	Plan name PROVIDENCE MEDICAL GRP, NORTHERN CALIFORNIA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROVIDENCE MEDICAL GROUP OF NORTHERN CALIFORNIA	<b>c</b> EIN-PN 88-1779768-001
<b>a</b>	Plan name CHOICE POOLED EMPLOYER PLAN III	
<b>b</b>	Name of plan sponsor TRANSAMERICA FIDUCIARY SERVICES	<b>c</b> EIN-PN 42-1484983-333
<b>a</b>	Plan name MARVELL SEMICONDUCTOR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARVELL SEMICONDUCTOR, INC.	<b>c</b> EIN-PN 77-0398669-001
<b>a</b>	Plan name LINCARE EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor LINCARE INC.	<b>c</b> EIN-PN 59-2852900-001
<b>a</b>	Plan name BENCHMARK SENIOR LIVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BENCHMARK SENIOR LIVING	<b>c</b> EIN-PN 04-3385173-001
<b>a</b>	Plan name REFRESCO USA 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REFRESCO BEVERAGES US INC.	<b>c</b> EIN-PN 58-1947565-002
<b>a</b>	Plan name PRIMO RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PRIMO WATER HOLDINGS, INC.	<b>c</b> EIN-PN 58-2020185-001
<b>a</b>	Plan name FLEXTRONICS EMPLOYEE BENEFITS PLAN	
<b>b</b>	Name of plan sponsor FLEXTRONICS INTERNATIONAL USA, INC	<b>c</b> EIN-PN 94-3061570-001
<b>a</b>	Plan name ALIGN TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALIGN TECHNOLOGY, INC.	<b>c</b> EIN-PN 94-3267295-001
<b>a</b>	Plan name HARTFORD HEALTHCARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HARTFORD HEALTHCARE CORPORATION	<b>c</b> EIN-PN 22-2672834-003



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>03/01/2024</b> and ending <b>02/28/2025</b>	
<b>A</b> Name of plan <b>CAPITAL GROUP 2025 TARGET DATE RETIREMENT TRUST (US)</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>525</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CAPITAL BANK AND TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>95-6597294</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1659000	9681000
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1365832000	2213198000
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	425226000	565065000
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1792717000	2787944000
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1948000	10133000
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1948000	10133000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1790769000	2777811000

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	18252000	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		166010000
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		41506000
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		225768000

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	4284000	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4284000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		4284000

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		221484000
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1786590000
(2) From this plan .....	<b>2l(2)</b>		1021032000

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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