

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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 ☐ 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. 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.

SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2026	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 ☐ 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 12260																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">7871</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">8086</td></tr> <tr><td>6b</td><td style="text-align: right;">38</td></tr> <tr><td>6c</td><td style="text-align: right;">4175</td></tr> <tr><td>6d</td><td style="text-align: right;">12299</td></tr> <tr><td>6e</td><td style="text-align: right;">7</td></tr> <tr><td>6f</td><td style="text-align: right;">12306</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">12212</td></tr> <tr><td>6g(2)</td><td style="text-align: right;">12268</td></tr> <tr><td>6h</td><td style="text-align: right;">21</td></tr> </table>			6a(1)	7871	6a(2)	8086	6b	38	6c	4175	6d	12299	6e	7	6f	12306	6g(1)	12212	6g(2)	12268	6h	21
6a(1)	7871																						
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6e	7																						
6f	12306																						
6g(1)	12212																						
6g(2)	12268																						
6h	21																						
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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 <u>0</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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	28100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	2225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CAPITAL RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CAPITAL GROUP COMPANIES, INC.		D Employer Identification Number (EIN) 86-0206507

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 95-6597294-053	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7587115	
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 95-6597294-510	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5073795	
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 95-6597294-515	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7953198	
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 95-6597294-520	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44725445	
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 95-6597294-525	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178514321	
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 95-6597294-530	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 390896913	
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 95-6597294-535	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 520247903	

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) 485979433
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) 388130099
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) 274516504
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) 152883919
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) 109296426
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) 268735339
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) 312094252
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) 958140015
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) 245956286
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) 365257070

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) 249412725
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) 209110872
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) 36417472
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) 51872504
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) 138373868
a Name of MTIA, CCT, PSA, or 103-12 IE: CG AMERICAN MUTUL 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) 127400402
a Name of MTIA, CCT, PSA, or 103-12 IE: CG EUPAC 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) 170034204
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) 264578378
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) 70201028
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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	189888602	213566194
(2) Participant contributions.....	1b(2)	1358254	1750492
(3) Other	1b(3)	6725069	9848343
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	67289262	53808060
(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)	12345411	13569156
(9) Value of interest in common/collective trusts	1c(9)	5214055227	6033389486
(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)	1575768808	1833945456
(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	7067430633	8159877187
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12601291	12768874
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12601291	12768874
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7054829342	8147108313

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)	213566193	
(B) Participants.....	2a(1)(B)	90987254	
(C) Others (including rollovers).....	2a(1)(C)	24179746	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		328733193
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)	-6336399	
(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)		658933976
(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)		344146700
c Other income	2c		85034455
d Total income. Add all income amounts in column (b) and enter total	2d		1410511925

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	315310198	
(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)		315310198
f Corrective distributions (see instructions)	2f		2920531
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)	2225	
(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)		2225
j Total expenses. Add all expense amounts in column (b) and enter total	2j		318232954

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1092278971
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.)	☒	☐	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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	145000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
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	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 20-4659714		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

Capital Retirement Savings Plan

Employer Identification Number: 86-0206507

Plan Number: 002

Financial Statements as of June 30, 2025 and 2024,
and for the Year Ended June 30, 2025, Supplemental
Schedules as of and for the Year Ended June 30, 2025,
and Independent Auditor's Report

CAPITAL RETIREMENT SAVINGS PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, 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, 2025 and 2024, and the changes in its net assets available for benefits for the year ended June 30, 2025, 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, 2025 and supplemental schedule of delinquent participant contributions for the year ended June 30, 2025 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 their 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 is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deloitte & Touche LLP

March 18, 2026

CAPITAL RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF JUNE 30, 2025 AND 2024

	2025	2024
ASSETS:		
Participant-directed investments—at fair value	<u>\$ 7,684,875,193</u>	<u>\$ 6,630,632,080</u>
Net assets held in 401(h) account	<u>236,267,809</u>	<u>226,481,217</u>
RECEIVABLES:		
Employer contribution receivable	213,566,194	189,888,602
Employee contribution receivable	1,750,492	1,358,254
Notes receivable from participants	13,569,156	12,345,411
Receivables for investments sold	7,760,692	4,850,156
Accrued investment income	<u>1,808,855</u>	<u>1,672,683</u>
Total receivables	<u>238,455,389</u>	<u>210,115,106</u>
TOTAL ASSETS	<u>8,159,598,391</u>	<u>7,067,228,403</u>
LIABILITIES:		
Excess contributions payable	2,920,531	1,436,037
Amounts related to obligation of 401(h) account	236,267,809	226,481,217
Payables for investments purchased	<u>9,569,547</u>	<u>6,522,839</u>
Total liabilities	<u>248,757,887</u>	<u>234,440,093</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,910,840,504</u>	<u>\$ 6,832,788,310</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, 2025

ADDITIONS:

Contributions:

Participant contributions	\$ 88,066,723
Participant rollover contributions	24,179,746
Employer contributions	<u>213,566,193</u>

Total contributions	<u>325,812,662</u>
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INVESTMENT INCOME:

Net appreciation in fair value of investments	993,028,614
Interest, dividends, and capital gains distributions	<u>73,640,657</u>

Net investment income	<u>1,066,669,271</u>
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Total additions	<u>1,392,481,933</u>
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DEDUCTIONS:

Benefits paid to participants	314,427,514
Administrative fees	<u>2,225</u>

Total distributions	<u>314,429,739</u>
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INCREASE IN NET ASSETS	1,078,052,194
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>6,832,788,310</u>
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End of year	<u>\$ 7,910,840,504</u>
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See notes to financial statements.

CAPITAL RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF JUNE 30, 2025 AND 2024, AND FOR THE YEAR ENDED JUNE 30, 2025

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).

Prior to May 5, 2025, the trustee for the Plan was Capital Bank & Trust Company (“CB&T”), a wholly owned subsidiary of CGC, and JPMorgan served as the custodian of the Plan. Effective May 5, 2025, the trustee and custodian for the Plan’s assets that are not held in the 401(h) account changed to Fidelity Management Trust Company. However, for assets held in the 401(h) account, the trustee and custodian remain CB&T and JPMorgan, respectively.

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.

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

Amounts contributed are invested at the direction of each participant in one or more of the funds for which Capital Research and Management Company (“CRM”), 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, 2025, participant loans have maturities through 2030 at interest rates ranging from 4.25% to 9.50%.

Payment of Benefits—Upon termination of service, death, disability, or attainment of normal retirement age, a participant or 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, 2025 and 2024, forfeited nonvested accounts totaled \$6,124,357 and \$7,320,799 respectively. However, these accounts were used subsequent to year-end to reduce employer contributions at June 30, 2025 and 2024, by \$6,124,357 and \$7,320,799, 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 and the Plan.

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, 2025 and 2024, there were \$0 and \$4,440,185 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, 2025 and 2024.

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, 2025 and 2024:

2025				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	\$ 1,710,945,326	\$ -	\$ -	\$ 1,710,945,326
Commingled funds ^(a)	-	-	-	5,973,929,867
Total investments held in the Plan	<u>\$ 1,710,945,326</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,684,875,193</u>
Investments held in 401(h):				
Mutual funds	\$ 122,761,263	\$ -	\$ -	\$ 122,761,263
Commingled funds ^(a)	-	-	-	59,459,619
Money market funds	238,867	-	-	238,867
U.S. government securities	-	53,808,060	-	53,808,060
Total investments held in 401(h):	<u>\$ 123,000,130</u>	<u>\$ 53,808,060</u>	<u>\$ -</u>	<u>\$ 236,267,809</u>
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	1,365,408	-	-	1,365,408
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	-	67,289,262	-	67,289,262
Total investments held in 401(h):	<u>\$ 102,164,937</u>	<u>\$ 67,289,262</u>	<u>\$ -</u>	<u>\$ 226,481,217</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, 2025, 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, 2025 and 2024, are as follows:

Net Assets Available for Postretirement Health Care Benefits in 401(h) Account		2025
Accrued investment income		\$ 278,796
Investments at fair value		236,267,809
Payable for investments sold		<u>(278,796)</u>
Total net assets available for benefits in 401(h) account		<u>\$ 236,267,809</u>
Net Assets Available for Postretirement Health Care Benefits in 401(h) Account		2024
Accrued investment income		\$ 202,230
Investments at fair value		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>

The related changes in net assets available for benefits for the period from July 1, 2024, through June 30, 2025 are as follows:

Changes in Net Assets in 401(h) Account		2025
Net appreciation in fair value of investments		\$ 3,715,663
Interest, dividends, and capital gains distributions		11,393,798
Deductions—benefits paid to participants		<u>(5,322,869)</u>
Net increase in net assets available for benefits in 401(h) account		<u>\$ 9,786,592</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, 2025 and 2024, is as follows:

	2025	2024
Net assets available for benefits per the financial statements	\$ 7,910,840,504	\$ 6,832,788,310
Net assets held in 401(h) account	236,267,809	226,481,217
Amounts allocated to withdrawing participants	<u>-</u>	<u>(4,440,185)</u>
Net assets available for benefits per Form 5500	<u>\$ 8,147,108,313</u>	<u>\$ 7,054,829,342</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, 2025, is as follows:

Deductions—benefits paid to participants per the financial statements	\$ 314,427,514
Add benefits paid to participants from 401(h) accounts	5,322,869
Add amounts allocated to withdrawing participants at June 30, 2025	-
Less amounts allocated to withdrawing participants at June 30, 2024	<u>(4,440,185)</u>
Deductions—benefits paid to participants per Form 5500	<u><u>\$ 315,310,198</u></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	\$ 213,566,193	\$ -	\$ -	\$ 213,566,193
Participant rollovers	24,179,746	-	-	24,179,746
Participant contribution	88,066,723	-	2,920,531	90,987,254
Interest, dividends, and capital gains distributions	73,640,657	11,393,798	-	85,034,455
Net appreciation in fair value of investments	<u>993,028,614</u>	<u>3,715,663</u>	<u>-</u>	<u>996,744,277</u>
Total additions	<u><u>\$ 1,392,481,933</u></u>	<u><u>\$ 15,109,461</u></u>	<u><u>\$ 2,920,531</u></u>	<u><u>\$ 1,410,511,925</u></u>

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in mutual funds and commingled funds for which CRMC, CB&T, and CIIInc serve as investment advisors and for which CB&T may serve as trustee. Prior to May 5, 2025, the Plan invested in mutual funds managed by JPMorgan, custodian for the 401(h) assets, and in money market funds managed by Alight, the former recordkeeper. Accordingly, all such transactions involving these entities qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were reflected as a reduction of the return earned on each mutual and commingled fund. All administrative fees for the Plan prior to the transfer to Fidelity were paid by the Company in accordance with the Plan document.

7. NONEXEMPT PARTY-IN-INTEREST TRANSACTION

The Company remitted January 2024 participant contributions of \$606 to the trustee later than required under Department of Labor (DOL) Regulation 2510.3-102. As corrective action, the Company filed Form 5330 with the IRS, paid the required excise tax related to the transaction, and credited participant accounts with the amount of investment income that would have been earned had the contributions 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 Plan is designed in accordance with applicable regulations of the IRC and is not subject to federal income taxes. At the time the determination letter was issued, the Plan operated under the name 401(k) Tax Advantage Plan of The Capital Group Companies, Inc. 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 March 18, 2026 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.

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SUPPLEMENTAL SCHEDULES

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, 2025

(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 2020 TARGET DATE RETIREMENT FUND R6	\$	2,516,478
* American Funds	AMERICAN FUNDS 2030 TARGET DATE RETIREMENT FUND R6		2,145,565
* American Funds	AMERICAN FUNDS 2035 TARGET DATE RETIREMENT FUND R6		2,182,173
* American Funds	AMERICAN FUNDS 2040 TARGET DATE RETIREMENT FUND R6		232,102
* American Funds	AMERICAN FUNDS AMCAP FUND R6		5,094,475
* American Funds	AMERICAN FUNDS AMERICAN BALANCED FUND R6		3,427,896
* American Funds	AMERICAN FUNDS AMERICAN MUTUAL FUND R6		1,601,911
* American Funds	AMERICAN FUNDS CAPITAL WORLD GROWTH AND INCOME FUND R6		2,549,710
* American Funds	AMERICAN FUNDS CONSERVATIVE GROWTH AND INCOME PORTFOLIO CL R6		24,357,274
* American Funds	AMERICAN FUNDS DEVELOPING WORLD GROWTH AND INCOME FUND R6		19,310,816
* American Funds	AMERICAN FUNDS EUPAC FUND CLASS R6		1,373,810
* American Funds	AMERICAN FUNDS FUNDAMENTAL INVESTORS R6		4,501,518
* American Funds	AMERICAN FUNDS GLOBAL BALANCED FUND R6		23,853,034
* American Funds	AMERICAN FUNDS GROWTH PORTFOLIO R6		118,954,874
* American Funds	AMERICAN FUNDS INFLATION LINKED BOND R6		8,372,239
* American Funds	AMERICAN FUNDS INVESTMENT COMPANY OF AMERICA R6		4,576,537
* American Funds	AMERICAN FUNDS MODERATE GROWTH AND INCOME PORTFOLIO CL R6		23,728,000
* American Funds	AMERICAN FUNDS MORTGAGE R6		4,969,852
* American Funds	AMERICAN FUNDS NEW PERSPECTIVE FUND R6		3,958,847
* American Funds	AMERICAN FUNDS PRESERVATION PORTFOLIO R6		23,921,198
* American Funds	AMERICAN FUNDS STRATEGIC BOND FUND R6		18,759,791
* American Funds	AMERICAN FUNDS THE BOND FUND OF AMERICA R6		547,135
* American Funds	AMERICAN FUNDS THE GROWTH FUND OF AMERICA R6		10,463,652
* American Funds	AMERICAN FUNDS THE NEW ECONOMY FUND		5,320,906
* American Funds	AMERICAN FUNDS US GOVT MONEY MARKET FUND R6		329,281,285
* American Funds	AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUND R6		2,482,971
* American Funds	AMERICAN GLOBAL GROWTH PORTFOLIO R6		75,774,823
* American Funds	AMERICAN GROWTH AND INCOME PORTFOLIO R6		71,167,381
* American Funds	AMERICAN HIGH-INCOME TRUST R6		79,313,812
* Capital Bank & Trust Company	CAPITAL GROUP 2010 TARGET DATE RET TRUST (US) TD4		5,073,796
* Capital Bank & Trust Company	CAPITAL GROUP 2015 TARGET DATE RET TRUST (US) TD4		7,953,198
* Capital Bank & Trust Company	CAPITAL GROUP 2020 TARGET DATE RET TRUST (US) TD4		44,725,445
* Capital Bank & Trust Company	CAPITAL GROUP 2025 TARGET DATE RET TRUST (US) TD4		178,514,321
* Capital Bank & Trust Company	CAPITAL GROUP 2030 TARGET DATE RET TRUST (US) TD4		390,896,913
* Capital Bank & Trust Company	CAPITAL GROUP 2035 TARGET DATE RET TRUST (US) TD4		520,247,903
* Capital Bank & Trust Company	CAPITAL GROUP 2040 TARGET DATE RET TRUST (US) TD4		485,979,433
* Capital Bank & Trust Company	CAPITAL GROUP 2045 TARGET DATE RET TRUST (US) TD4		388,130,099
* Capital Bank & Trust Company	CAPITAL GROUP 2050 TARGET DATE RET TRUST (US) TD4		274,516,504
* Capital Bank & Trust Company	CAPITAL GROUP 2055 TARGET DATE RET TRUST (US) TD4		152,883,919
* Capital Bank & Trust Company	CAPITAL GROUP 2060 TARGET DATE RET TRUST (US) TD4		109,296,426
* Capital Bank & Trust Company	CAPITAL GROUP 2065 TARGET DATE RET TRUST (US) TD4		36,417,472
* Capital Bank & Trust Company	CAPITAL GROUP AMCAP TRUST (US) U2		268,735,339
* Capital Bank & Trust Company	CAPITAL GROUP AMERICAN BALANCED TRUST (US) U2		138,373,868
* Capital Bank & Trust Company	CAPITAL GROUP AMERICAN MUTUAL TRUST (US) U2		127,400,402
* Capital Bank & Trust Company	CAPITAL GROUP EUROPACIFIC GROWTH TRUST (US) U2		170,034,204
* Capital Bank & Trust Company	CAPITAL GROUP FUNDAMENTAL INVESTORS TRUST (US) U2		312,094,252
* Capital Bank & Trust Company	CAPITAL GROUP GROWTH FUND OF AMERICA TRUST (US) U3		958,140,015
* Capital Bank & Trust Company	CAPITAL GROUP INVESTMENT COMPANY OF AMERICA TRUST (US) U2		264,578,378
* Capital Bank & Trust Company	CAPITAL GROUP NEW ECONOMY TRUST (US) U2		245,956,286

(Continued)

CAPITAL RETIREMENT SAVINGS PLAN (CONTINUED)

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, 2025

(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
* Capital Bank & Trust Company	CAPITAL GROUP NEW PERSPECTIVE TRUST (US) U2		\$ 365,257,070
* Capital Bank & Trust Company	CAPITAL GROUP WASHINGTON MUTUAL INVESTORS TRUST (US) U2		249,412,725
* Capital Bank & Trust Company	CAPITAL GROUP WORLD GROWTH AND INCOME TRUST (US) U2		209,110,872
* American Funds	CAPITAL INCOME BUILDER R6		129,507,331
* American Funds	CAPITAL WORLD BOND FUND R6		21,276,936
* Capital Bank & Trust Company	CG US CORE FIXED INCOME TRUST (US) U2		70,201,028
* American Funds	EMERGING MARKETS EQUITIES FUND INC		98,320,005
* American Funds	INCOME FUND OF AMERICA (THE) R6		84,260,354
* American Funds	INTERMEDIATE BOND FUND OF AMERICA R6		29,105,334
* American Funds	INTERNATIONAL GROWTH & INCOME FUND R6		55,875,880
* American Funds	NEW WORLD FUND INC R6		163,489,746
* American Funds	SHORT TERM BOND FUND OF AMERICA R6		23,889,082
* American Funds	SMALLCAP WORLD FUND INC R6		209,079,690
* American Funds	US GOVERNMENT SECURITIES FUND R6		21,400,902
Total			<u>7,684,875,193</u>
401(h) ACCOUNT MUTUAL AND COMMINGLED FUNDS, AND U.S. GOVERNMENT SECURITIES:			
* American Funds	AMCAP FUND R6	\$ 9,631,555	12,139,631
* American Funds	AMERICAN MUTUAL FUND R6	13,211,882	18,902,481
* American Funds	CAPITAL WORLD GROWTH & INCOME FUND R6	12,691,162	16,811,886
* American Funds	NEW PERSPECTIVE FUND R6	8,623,746	11,985,829
* American Funds	SMALLCAP WORLD FUND INC R6	2,019,307	2,432,583
* American Funds	AMERICAN FUNDS CORPORATE BOND CL R6	34,382,778	34,875,085
* American Funds	AMERICAN FUNDS EMERGING MARKETS BOND FUND R6	13,543,186	11,782,205
* American Funds	AMERICAN FUNDS US GOVT MONEY MARKET FUND R6	2,154,697	2,154,697
* American Funds	AMERICAN HIGH-INCOME TRUST R6	11,726,119	11,676,866
* Capital Bank & Trust Company	CG INTL EQUITY TRUST (US) CL DB	2,345,300	7,587,115
* American Funds	CG LONG DUR CREDIT TRST (US) CL DB	46,891,667	51,872,504
* JP Morgan	JP MORGAN US GOVT CAPITAL SHARES	238,867	238,867
U.S. Treasury	U.S. TREASURY STRIPS (maturing 2042 – 2055) at aggregate par of 183,998,000 at 0% interest	79,212,366	53,808,060
Total 401(h) account mutual and commingled funds, and U.S. government securities			<u>236,672,632</u>
Total investments			<u>7,921,143,002</u>
* Various participants	Participant loans (maturing 2025–2030) at interest rates of 4.25%–9.50%		<u>13,569,156</u>
TOTAL			<u>\$ 7,934,712,158</u>

* Denotes a party-in-interest investment

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

(Concluded)

See accompanying Independent Auditor's Report

CAPITAL RETIREMENT SAVINGS PLAN (CONTINUED)

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, 2025

Participant Contributions Transferred Late to the Plan	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	
Check here if late participant loan contributions are included				
☐ 2024 Participant Contributions Transferred Late to the Plan	\$ -	\$ 606	\$ -	\$ -

See accompanying Independent Auditor’s Report

CAPITAL RETIREMENT SAVINGS PLAN (CONTINUED)

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, 2025

Participant Contributions Transferred Late to the Plan	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	
Check here if late participant loan contributions are included				
☐ 2024 Participant Contributions Transferred Late to the Plan	\$ -	\$ 606	\$ -	\$ -

See accompanying Independent Auditor’s Report

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, 2025

(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 2020 TARGET DATE RETIREMENT FUND R6	\$	2,516,478
* American Funds	AMERICAN FUNDS 2030 TARGET DATE RETIREMENT FUND R6		2,145,565
* American Funds	AMERICAN FUNDS 2035 TARGET DATE RETIREMENT FUND R6		2,182,173
* American Funds	AMERICAN FUNDS 2040 TARGET DATE RETIREMENT FUND R6		232,102
* American Funds	AMERICAN FUNDS AMCAP FUND R6		5,094,475
* American Funds	AMERICAN FUNDS AMERICAN BALANCED FUND R6		3,427,896
* American Funds	AMERICAN FUNDS AMERICAN MUTUAL FUND R6		1,601,911
* American Funds	AMERICAN FUNDS CAPITAL WORLD GROWTH AND INCOME FUND R6		2,549,710
* American Funds	AMERICAN FUNDS CONSERVATIVE GROWTH AND INCOME PORTFOLIO CL R6		24,357,274
* American Funds	AMERICAN FUNDS DEVELOPING WORLD GROWTH AND INCOME FUND R6		19,310,816
* American Funds	AMERICAN FUNDS EUPAC FUND CLASS R6		1,373,810
* American Funds	AMERICAN FUNDS FUNDAMENTAL INVESTORS R6		4,501,518
* American Funds	AMERICAN FUNDS GLOBAL BALANCED FUND R6		23,853,034
* American Funds	AMERICAN FUNDS GROWTH PORTFOLIO R6		118,954,874
* American Funds	AMERICAN FUNDS INFLATION LINKED BOND R6		8,372,239
* American Funds	AMERICAN FUNDS INVESTMENT COMPANY OF AMERICA R6		4,576,537
* American Funds	AMERICAN FUNDS MODERATE GROWTH AND INCOME PORTFOLIO CL R6		23,728,000
* American Funds	AMERICAN FUNDS MORTGAGE R6		4,969,852
* American Funds	AMERICAN FUNDS NEW PERSPECTIVE FUND R6		3,958,847
* American Funds	AMERICAN FUNDS PRESERVATION PORTFOLIO R6		23,921,198
* American Funds	AMERICAN FUNDS STRATEGIC BOND FUND R6		18,759,791
* American Funds	AMERICAN FUNDS THE BOND FUND OF AMERICA R6		547,135
* American Funds	AMERICAN FUNDS THE GROWTH FUND OF AMERICA R6		10,463,652
* American Funds	AMERICAN FUNDS THE NEW ECONOMY FUND		5,320,906
* American Funds	AMERICAN FUNDS US GOVT MONEY MARKET FUND R6		329,281,285
* American Funds	AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUND R6		2,482,971
* American Funds	AMERICAN GLOBAL GROWTH PORTFOLIO R6		75,774,823
* American Funds	AMERICAN GROWTH AND INCOME PORTFOLIO R6		71,167,381
* American Funds	AMERICAN HIGH-INCOME TRUST R6		79,313,812
* Capital Bank & Trust Company	CAPITAL GROUP 2010 TARGET DATE RET TRUST (US) TD4		5,073,796
* Capital Bank & Trust Company	CAPITAL GROUP 2015 TARGET DATE RET TRUST (US) TD4		7,953,198
* Capital Bank & Trust Company	CAPITAL GROUP 2020 TARGET DATE RET TRUST (US) TD4		44,725,445
* Capital Bank & Trust Company	CAPITAL GROUP 2025 TARGET DATE RET TRUST (US) TD4		178,514,321
* Capital Bank & Trust Company	CAPITAL GROUP 2030 TARGET DATE RET TRUST (US) TD4		390,896,913
* Capital Bank & Trust Company	CAPITAL GROUP 2035 TARGET DATE RET TRUST (US) TD4		520,247,903
* Capital Bank & Trust Company	CAPITAL GROUP 2040 TARGET DATE RET TRUST (US) TD4		485,979,433
* Capital Bank & Trust Company	CAPITAL GROUP 2045 TARGET DATE RET TRUST (US) TD4		388,130,099
* Capital Bank & Trust Company	CAPITAL GROUP 2050 TARGET DATE RET TRUST (US) TD4		274,516,504
* Capital Bank & Trust Company	CAPITAL GROUP 2055 TARGET DATE RET TRUST (US) TD4		152,883,919
* Capital Bank & Trust Company	CAPITAL GROUP 2060 TARGET DATE RET TRUST (US) TD4		109,296,426
* Capital Bank & Trust Company	CAPITAL GROUP 2065 TARGET DATE RET TRUST (US) TD4		36,417,472
* Capital Bank & Trust Company	CAPITAL GROUP AMCAP TRUST (US) U2		268,735,339
* Capital Bank & Trust Company	CAPITAL GROUP AMERICAN BALANCED TRUST (US) U2		138,373,868
* Capital Bank & Trust Company	CAPITAL GROUP AMERICAN MUTUAL TRUST (US) U2		127,400,402
* Capital Bank & Trust Company	CAPITAL GROUP EUROPACIFIC GROWTH TRUST (US) U2		170,034,204
* Capital Bank & Trust Company	CAPITAL GROUP FUNDAMENTAL INVESTORS TRUST (US) U2		312,094,252
* Capital Bank & Trust Company	CAPITAL GROUP GROWTH FUND OF AMERICA TRUST (US) U3		958,140,015
* Capital Bank & Trust Company	CAPITAL GROUP INVESTMENT COMPANY OF AMERICA TRUST (US) U2		264,578,378
* Capital Bank & Trust Company	CAPITAL GROUP NEW ECONOMY TRUST (US) U2		245,956,286

(Continued)

CAPITAL RETIREMENT SAVINGS PLAN (CONTINUED)

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, 2025

(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
* Capital Bank & Trust Company	CAPITAL GROUP NEW PERSPECTIVE TRUST (US) U2		\$ 365,257,070
* Capital Bank & Trust Company	CAPITAL GROUP WASHINGTON MUTUAL INVESTORS TRUST (US) U2		249,412,725
* Capital Bank & Trust Company	CAPITAL GROUP WORLD GROWTH AND INCOME TRUST (US) U2		209,110,872
* American Funds	CAPITAL INCOME BUILDER R6		129,507,331
* American Funds	CAPITAL WORLD BOND FUND R6		21,276,936
* Capital Bank & Trust Company	CG US CORE FIXED INCOME TRUST (US) U2		70,201,028
* American Funds	EMERGING MARKETS EQUITIES FUND INC		98,320,005
* American Funds	INCOME FUND OF AMERICA (THE) R6		84,260,354
* American Funds	INTERMEDIATE BOND FUND OF AMERICA R6		29,105,334
* American Funds	INTERNATIONAL GROWTH & INCOME FUND R6		55,875,880
* American Funds	NEW WORLD FUND INC R6		163,489,746
* American Funds	SHORT TERM BOND FUND OF AMERICA R6		23,889,082
* American Funds	SMALLCAP WORLD FUND INC R6		209,079,690
* American Funds	US GOVERNMENT SECURITIES FUND R6		21,400,902
Total			<u>7,684,875,193</u>
401(h) ACCOUNT MUTUAL AND COMMINGLED FUNDS, AND U.S. GOVERNMENT SECURITIES:			
* American Funds	AMCAP FUND R6	\$ 9,631,555	12,139,631
* American Funds	AMERICAN MUTUAL FUND R6	13,211,882	18,902,481
* American Funds	CAPITAL WORLD GROWTH & INCOME FUND R6	12,691,162	16,811,886
* American Funds	NEW PERSPECTIVE FUND R6	8,623,746	11,985,829
* American Funds	SMALLCAP WORLD FUND INC R6	2,019,307	2,432,583
* American Funds	AMERICAN FUNDS CORPORATE BOND CL R6	34,382,778	34,875,085
* American Funds	AMERICAN FUNDS EMERGING MARKETS BOND FUND R6	13,543,186	11,782,205
* American Funds	AMERICAN FUNDS US GOVT MONEY MARKET FUND R6	2,154,697	2,154,697
* American Funds	AMERICAN HIGH-INCOME TRUST R6	11,726,119	11,676,866
* Capital Bank & Trust Company	CG INTL EQUITY TRUST (US) CL DB	2,345,300	7,587,115
* American Funds	CG LONG DUR CREDIT TRST (US) CL DB	46,891,667	51,872,504
* JP Morgan	JP MORGAN US GOVT CAPITAL SHARES	238,867	238,867
U.S. Treasury	U.S. TREASURY STRIPS (maturing 2042 – 2055) at aggregate par of 183,998,000 at 0% interest	79,212,366	53,808,060
Total 401(h) account mutual and commingled funds, and U.S. government securities		<u>236,672,632</u>	<u>236,267,809</u>
Total investments			<u>7,921,143,002</u>
* Various participants	Participant loans (maturing 2025–2030) at interest rates of 4.25%–9.50%		<u>13,569,156</u>
TOTAL			<u>\$ 7,934,712,158</u>
* Denotes a party-in-interest investment			
** Cost information for assets outside the 401(h) account are not provided as they are participant-directed			

(Concluded)

See accompanying Independent Auditor's Report