

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: FIDELITY BLUE CHIP GROWTH COMMINGLED POOL
1b Three-digit plan number (PN): 142
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): FIDELITY MANAGEMENT TRUST COMPANY
2b Employer Identification Number (EIN): 04-3022712
2c Plan Sponsor's telephone number
2d Business code (see instructions)

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
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:

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 0

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>FIDELITY BLUE CHIP GROWTH COMMINGLED POOL</u>	B Three-digit plan number (PN)	<u>142</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FIDELITY MANAGEMENT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>04-3022712</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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d Entity code

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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	AMERICAN EXPRESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN EXPRESS COMPANY	c EIN-PN 13-4922250-002
a	Plan name	THE TIMKEN ARB SAVINGS AND INVESTMENT RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN ROLLER BEARING, INC.	c EIN-PN 92-1443732-001
a	Plan name	MONEY PURCHASE RETIREMENT PLAN	
b	Name of plan sponsor	APACHE CORPORATION	c EIN-PN 41-0747868-003
a	Plan name	APACHE 401K SAVINGS PLAN	
b	Name of plan sponsor	APACHE CORPORATION	c EIN-PN 41-0747868-002
a	Plan name	APTIV HOURLY 401K PLAN	
b	Name of plan sponsor	APTIV	c EIN-PN 27-0791190-004
a	Plan name	APTIV SALARIED 401K PLAN	
b	Name of plan sponsor	APTIV	c EIN-PN 27-0791190-002
a	Plan name	ARISTA NETWORKS INC 401K PLAN	
b	Name of plan sponsor	ARISTA NETWORKS INC.	c EIN-PN 20-1751121-001
a	Plan name	ASSA ABLOY INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ASSA ABLOY INCORPORATED	c EIN-PN 93-0925319-001
a	Plan name	ASSOCIATED SPRING UAW 629 EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	ASSOCIATED SPRING US, LLC	c EIN-PN 06-0247840-020
a	Plan name	ACNA 401(K) PLAN	
b	Name of plan sponsor	ATLAS COPCO, INC.	c EIN-PN 20-5024915-002
a	Plan name	ASSOCIATED SPRINGBARNES GROUP INC BRISTOL DIVISION UNIONIZED SALARY	
b	Name of plan sponsor	BARNES GROUP INC.	c EIN-PN 06-0247840-021
a	Plan name	BARNES GROUP INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BARNES GROUP INC.	c EIN-PN 06-0247840-012

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BAYCARE HEALTH SYSTEM RETIREMENT PLAN	
b	Name of plan sponsor	BAYCARE HEALTH SYSTEM	c EIN-PN 59-2796965-001
a	Plan name	RELIABLE CHURCHILL LOCAL 570 401K PLAN	
b	Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	c EIN-PN 35-2545107-001
a	Plan name	BREAKTHRU BEVERAGE GROUP 40 LK PLAN	
b	Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	c EIN-PN 35-2545107-001
a	Plan name	BELLEVILLE NU PLAN	
b	Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	c EIN-PN 37-1367202-001
a	Plan name	BBG UNIONS PLAN	
b	Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	c EIN-PN 35-2545107-007
a	Plan name	BEVERAGE MINNESOTA BEER LLC LOCAL 792 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	c EIN-PN 35-2545107-005
a	Plan name	BELLEVILLE L50 PLAN	
b	Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	c EIN-PN 37-1367202-002
a	Plan name	CARGILL EMPLOYEE RETIREMENT ACCOUNT PLAN	
b	Name of plan sponsor	CARGILL, INCORPORATED	c EIN-PN 41-0177680-018
a	Plan name	THE CARGILL INVESTMENT PLAN	
b	Name of plan sponsor	CARGILL, INCORPORATED	c EIN-PN 41-0177680-013
a	Plan name	THE CARGILL PARTNERSHIP PLAN	
b	Name of plan sponsor	CARGILL, INCORPORATED	c EIN-PN 41-0177680-015
a	Plan name	CITRIX SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	CITRIX SYSTEMS, INC.	c EIN-PN 75-2275152-001
a	Plan name	COMPLETE GENOMICS 401K PLAN	
b	Name of plan sponsor	COMPLETE GENOMICS INC.	c EIN-PN 20-3226545-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE TIMKEN CONE DRIVE SAVINGS AND INVESTMENT RETIREMENT PLAN BARGAINING ASSOCIATES	
b	Name of plan sponsor CONE DRIVE OPERATIONS INC	c EIN-PN 05-0425787-001
a	Plan name EMPLOYEE 401K SAVINGS PLAN	
b	Name of plan sponsor CONSOLIDATED ELECTRICAL DISTRIBUTORS,INC	c EIN-PN 77-0559191-003
a	Plan name EMPLOYEE 401K SAVINGS PLAN	
b	Name of plan sponsor CONSOLIDATED ELECTRICAL DISTRIBUTORS,INC	c EIN-PN 77-0559191-003
a	Plan name BESTDRIVE 401K PLAN	
b	Name of plan sponsor CONTINENTAL TIRE THE AMERICAS, LLC	c EIN-PN 46-5177960-001
a	Plan name CONTINENTAL AUTOMOTIVE SYSTEMS	
b	Name of plan sponsor CONTINENTAL TIRE THE AMERICAS, LLC	c EIN-PN 51-0304065-013
a	Plan name RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF CONTINENTAL RUBBER	
b	Name of plan sponsor CONTINENTAL TIRE THE AMERICAS, LLC	c EIN-PN 34-1417030-007
a	Plan name CONTITECH USA INC BARGAINING UNIT EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor CONTINENTAL TIRE THE AMERICAS, LLC	c EIN-PN 20-8832176-002
a	Plan name CONTITECH AUBURN HOURLY 401K PLAN	
b	Name of plan sponsor CONTINENTAL TIRE THE AMERICAS, LLC	c EIN-PN 20-8832176-204
a	Plan name DAIRY FARMERS OF AMERICA INC SUPER SAVINGS PLAN	
b	Name of plan sponsor DAIRY FARMERS OF AMERICA, INC.	c EIN-PN 43-0905874-032
a	Plan name DFA DAIRY BRANDS SMARTCHOICE SAVINGS PLAN	
b	Name of plan sponsor DAIRY FARMERS OF AMERICA, INC.	c EIN-PN 85-0489626-001
a	Plan name THE TIMKEN DIAMOND CHAIN SAVINGS AND INVESTMENT RETIREMENT PLAN FOR BARGAINING ASSOCIATES	
b	Name of plan sponsor DIAMOND CHAIN COMPANY INC	c EIN-PN 20-3340356-001
a	Plan name DETROIT EDISON COMPANY SAVINGS & STOCK OWNERSHIP PLAN FOR EMPLOYEES REPRESENTED BY LOCAL 17 OF THE BROTHERHOOD OF ELECTRICAL WORKERS	
b	Name of plan sponsor DTE ENERGY CORP	c EIN-PN 20-5898509-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	DETROIT EDISON COMPANY SAVINGS & STOCK OWNERSHIP PLAN FOR EMPLOYEES REPRESENTED BY LOCAL 223 OF THE UTILITY WORKERS UNION OF AMERICA
b	Name of plan sponsor	DTE ENERGY CORP
c	EIN-PN	20-5898509-003
a	Plan name	DTE ENERGY SAVINGS AND STOCK OWNERSHIP PLAN
b	Name of plan sponsor	DTE ENERGY CORP
c	EIN-PN	20-5898509-002
a	Plan name	DTE GAS COMPANY INVESTMENT AND STOCK OWNERSHIP PLAN
b	Name of plan sponsor	DTE ENERGY CORP
c	EIN-PN	20-5898509-006
a	Plan name	EASTMAN INVESTMENT PLAN ESOP
b	Name of plan sponsor	EASTMAN CHEMICAL COMPANY
c	EIN-PN	62-1539359-002
a	Plan name	ENTERPRISE 401K PLAN
b	Name of plan sponsor	ENTERPRISE PRODUCTS COMPANY
c	EIN-PN	74-1675622-003
a	Plan name	FERGUSON ENTERPRISES, LLC 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	FERGUSON ENTERPRISES, LLC.
c	EIN-PN	54-1473338-002
a	Plan name	FIS 401K PLAN
b	Name of plan sponsor	FIDELITY NATIONAL INFORMATION SERVICES
c	EIN-PN	37-1490331-001
a	Plan name	FMC CORPORATION SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	FMC CORPORATION
c	EIN-PN	94-0479804-061
a	Plan name	SAVINGS PLAN FOR FMC EMPLOYEES IN PUERTO RICO
b	Name of plan sponsor	FMC CORPORATION
c	EIN-PN	94-0479804-501
a	Plan name	THE TIMKEN GGB SAVINGS AND INVESTMENT RETIREMENT PLAN FOR BARGAINING ASSOCIATES
b	Name of plan sponsor	GGB, LLC
c	EIN-PN	22-3661977-001
a	Plan name	HOLCIM PARTICIPATIONS US INC
b	Name of plan sponsor	HOLCIM PARTICIPATIONS (US) INC.
c	EIN-PN	58-1290226-020
a	Plan name	HOLCIM US INC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HOLCIM PARTICIPATIONS (US) INC.
c	EIN-PN	58-1290226-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INTERTEK USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERTEK TESTING SERVICES	c EIN-PN 22-3480826-001
a	Plan name	THE IRON MOUNTAIN COMPANIES 401K PLAN	
b	Name of plan sponsor	IRON MOUNTAIN INCORPORATED	c EIN-PN 23-2588479-001
a	Plan name	THE IRON MOUNTAIN COMPANIES PUERTO RICO 401 K PLAN	
b	Name of plan sponsor	IRON MOUNTAIN INCORPORATED	c EIN-PN 23-2588479-005
a	Plan name	JM FAMILY ASSOCIATES PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor	JM FAMILY AUTOMOTIVE, LLC	c EIN-PN 59-1390794-003
a	Plan name	KRONES INC 401K SAVINGS PLAN	
b	Name of plan sponsor	KRONES, INC.	c EIN-PN 39-1082240-001
a	Plan name	MARRIOTT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MARRIOTT INTERNATIONAL, INC.	c EIN-PN 52-2055918-004
a	Plan name	MATERION CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MATERION CORPORATION	c EIN-PN 34-1919973-003
a	Plan name	MAVENIR SYSTEMS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	MAVENIR SYSTEMS, INC.	c EIN-PN 61-1489105-002
a	Plan name	MCGRAW HILL 401K PLAN	
b	Name of plan sponsor	MCGRAW HILL EDUCATION	c EIN-PN 90-0942340-003
a	Plan name	MCKEE FOODS RETIREMENT PLAN	
b	Name of plan sponsor	MCKEE FOODS CORPORATION	c EIN-PN 62-0450611-001
a	Plan name	MGM RESORTS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MGM RESORTS INTERNATIONAL	c EIN-PN 88-0215232-002
a	Plan name	MH SUB I LLC 401K PLAN	
b	Name of plan sponsor	MH SUB I LLC.	c EIN-PN 46-3259063-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ELEVATOR CONSTRUCTORS ANNUITY & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL ELEVATOR INDUSTRY BENEFIT PLANS	c EIN-PN 52-2125995-001
a	Plan name	NATIONAL ELEVATOR INDUSTRY FUND OFFICE EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	NATIONAL ELEVATOR INDUSTRY BENEFIT PLANS	c EIN-PN 23-2624860-001
a	Plan name	NEPC, LLC 401K PLAN	
b	Name of plan sponsor	NEPC CLIENT	c EIN-PN 26-1429809-001
a	Plan name	NEW YORK LIFE INSURANCE COMPANY AGENTS PROGRESS-SHARING INVESTMENT PLAN	
b	Name of plan sponsor	NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-006
a	Plan name	NEW YORK LIFE INSURANCE COMPANY EMPLOYEE PROGRESS-SHARING INVESTMENT PLAN	
b	Name of plan sponsor	NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-002
a	Plan name	NTT DATA EAS PR	
b	Name of plan sponsor	NTT DATA AMERICAS, INC.	c EIN-PN 04-2437166-002
a	Plan name	NTT DATA AMERICAS 401K PLAN	
b	Name of plan sponsor	NTT DATA AMERICAS, INC.	c EIN-PN 04-2437166-003
a	Plan name	RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	NUTTER, MCCLENNEN & FISH, LLP	c EIN-PN 04-2106505-024
a	Plan name	NUTTER MCCLENNEN FISH LLP LAWYERS RETIREMENT PLAN	
b	Name of plan sponsor	NUTTER, MCCLENNEN & FISH, LLP	c EIN-PN 04-2106505-001
a	Plan name	NXP 401K RET TRUST	
b	Name of plan sponsor	NXP SEMICONDUCTORS	c EIN-PN 20-0443182-001
a	Plan name	OCCIDENTAL PETROLEUM CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 95-4035997-060
a	Plan name	OCCIDENTAL PETROLEUM CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 95-4035997-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PANASONIC RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	PANASONIC CORPORATION OF NORTH AMERICA	c EIN-PN 36-2786846-003
a	Plan name	PROVIDENCE MEDICAL GROUP, NORTHERN CALIFORNIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROVIDENCE MEDICAL GROUP (NORTHERN CALIFORNIA)	c EIN-PN 88-1779768-001
a	Plan name	REED SMITH 401K PLAN	
b	Name of plan sponsor	REED SMITH, LLP	c EIN-PN 25-0749630-001
a	Plan name	SCHINDLER ELEVATOR CORPORATION PUERTO RICO PLAN	
b	Name of plan sponsor	SCHINDLER ELEVATOR CORPORATION	c EIN-PN 34-1270056-007
a	Plan name	SCHINDLER ELEVATOR CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SCHINDLER ELEVATOR CORPORATION	c EIN-PN 34-1270056-002
a	Plan name	SHI INTERNATIONAL CORP 401K SAVINGS PLAN	
b	Name of plan sponsor	SHI INTERNATIONAL CORP	c EIN-PN 22-3009648-003
a	Plan name	SMITHS GROUP INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	SMITHS GROUP	c EIN-PN 22-3015350-002
a	Plan name	SONIC HEALTHCARE USA SAVINGS PLAN	
b	Name of plan sponsor	SONIC HEALTHCARE USA, INC.	c EIN-PN 20-8907334-001
a	Plan name	SSM HEALTH 403B PLAN	
b	Name of plan sponsor	SSM HEALTH	c EIN-PN 46-6029223-
a	Plan name	SSM HEALTH 401A PLAN	
b	Name of plan sponsor	SSM HEALTH	c EIN-PN 46-6029223-002
a	Plan name	SSM HEALTH 401K PLAN	
b	Name of plan sponsor	SSM HEALTH	c EIN-PN 46-6029223-005
a	Plan name	TD SYNnex 401K RETIREMENT PLAN	
b	Name of plan sponsor	TD SYNnex	c EIN-PN 94-2703333-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TECHNIPFMC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TECHNIPFMC PLC	c EIN-PN 36-4412642-002
a	Plan name	TERADYNE INC SAVINGS PLAN	
b	Name of plan sponsor	TERADYNE, INC.	c EIN-PN 04-2272148-001
a	Plan name	THE AUTO CLUB GROUP 401K PLAN	
b	Name of plan sponsor	THE AUTO CLUB GROUP	c EIN-PN 38-0477270-335
a	Plan name	THE TIMKEN COMPANY SAVINGS AND INVESTMENT PENSION PLAN	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 34-0577130-011
a	Plan name	THE TIMKEN COMPANY SAVINGS PLAN FOR CERTAIN BARGAINING ASSOCIATES	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 34-0577130-022
a	Plan name	THE TIMKEN COMPANY VOLUNTARY INVESTMENT PENSION PLAN	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 34-0577130-019
a	Plan name	THERMO FISHER SCIENTIFIC INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	THERMO FISHER SCIENTIFIC INC.	c EIN-PN 04-2209186-001
a	Plan name	THERMO FISHER 401K RETIREMENT PLAN FOR EMPLOYEES OF PUERTO RICO	
b	Name of plan sponsor	THERMO FISHER SCIENTIFIC INC.	c EIN-PN 02-0451017-001
a	Plan name	TIBCO SOFTWARE INC	
b	Name of plan sponsor	TIBCO SOFTWARE INC.	c EIN-PN 77-0449727-001
a	Plan name	THE TIMKEN BELTS SAVINGS AND INVESTMENT RETIREMENT PLAN FOR BARGAINING ASSOCIATES	
b	Name of plan sponsor	TIMKEN SMO LLC	c EIN-PN 32-0422708-002
a	Plan name	TEXAS ONCOLOGY PA 401K PLAN	
b	Name of plan sponsor	US ONCOLOGY CORPORATE, INC.	c EIN-PN 75-2131429-002
a	Plan name	US ONCOLOGY CORPORATE INC 401K PLAN	
b	Name of plan sponsor	US ONCOLOGY CORPORATE, INC.	c EIN-PN 76-0473455-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan FIDELITY BLUE CHIP GROWTH COMMINGLED POOL	B Three-digit plan number (PN) ▶ 142
C Plan sponsor's name as shown on line 2a of Form 5500 FIDELITY MANAGEMENT TRUST COMPANY	D Employer Identification Number (EIN) 04-3022712

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	10225819	598097
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	350966574	19992155
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	267786033	20084984
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	992241	251718
(B) All other	1c(3)(B)	1233807	1232538
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	45417283	70776041
(B) Common	1c(4)(B)	5164844449	11787716609
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(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	5841466206	11900652142
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	1715511	3487596
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	37379819	46436348
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	39095330	49923944
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5802370876	11850728198

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)		
(B) Participants.....	2a(1)(B)	2693031577	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2693031577
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	10885588	
(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)	67361	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10952949
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	44045655	
(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)		44045655
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	410491990	
(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)	2924668006	
(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)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6083190177

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	34832855	
(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)		34832855
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34832855

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6048357322
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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)			
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?			
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 _____.