Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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) C

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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)
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)
FIDELITY MANAGEMENT TRUST COMPANY

245 SUMMER ST
BOSTON, MA 02210-1133

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.

SIGN HERE			
	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	Filed with authorized/valid electronic signature.	03/30/2026	BRIAN HURTON
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **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	**6a(1)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)

- [ ] **(1)** 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

- [X] **(1)** **H** (Financial Information)
- [ ] **(2)** **I** (Financial Information – Small Plan)
- [ ] **(3)** **A** (Insurance Information) – Number Attached 0
- [ ] **(4)** **C** (Service Provider Information)
- [X] **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information	OMB No. 1210-0110
	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	**2025**
	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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:

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):

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)

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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	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	HOLCIM (US) INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AMRIZE NORTH AMERICA INC.	**c** EIN-PN	58-1290226-001
a Plan name	HOLCIM (US) INC. UNION 401(K) PLAN		
b Name of plan sponsor	AMRIZE NORTH AMERICA INC.	**c** EIN-PN	58-1290226-020
a Plan name	APACHE CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	APACHE CORPORATION	**c** EIN-PN	41-0747868-002
a Plan name	APACHE CORPORATION MONEY PURCHASE RETIREMENT PLAN		
b Name of plan sponsor	APACHE CORPORATION	**c** EIN-PN	41-0747868-003
a Plan name	APTIV HOURLY 401(K) PLAN		
b Name of plan sponsor	APTIV	**c** EIN-PN	27-0791190-004
a Plan name	APTIV SALARIED 401(K) PLAN		
b Name of plan sponsor	APTIV	**c** EIN-PN	27-0791190-002
a Plan name	ARISTA NETWORKS INC. 401(K) PLAN		
b Name of plan sponsor	ARISTA NETWORKS INC.	**c** EIN-PN	20-1751121-001
a Plan name	ASSA ABLOY INCORPORATED RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ASSA ABLOY INCORPORATED	**c** EIN-PN	93-0925319-001
a Plan name	ASSA ABLOY INCORPORATED RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ASSA ABLOY INCORPORATED	**c** EIN-PN	93-0925319-001
a Plan name	ACNA 401(K) PLAN		
b Name of plan sponsor	ATLAS COPCO NORTH AMERICA, LLC	**c** EIN-PN	20-5024915-002

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

a Plan name	BARNES GROUP INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BARNES GROUP INC.	**c** EIN-PN	06-0247840-012
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	BREAKTHRU BEVERAGE GROUP 401(K) PLAN		
b Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	**c** EIN-PN	35-2545107-001
a Plan name	BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	**c** EIN-PN	37-1367202-001
a Plan name	BREAKTHRU BEVERAGE ILLINOIS BELLEVILLE, LLC UNION LOCAL 50 401(K) PLAN		
b Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	**c** EIN-PN	37-1367202-002
a Plan name	BREAKTHRU BEVERAGE LOCALS 14, 26, 533, 710 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	**c** EIN-PN	35-2545107-007
a Plan name	BREAKTHRU BEVERAGE MINNESOTA BEER, LLC LOCAL 792 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	**c** EIN-PN	35-2545107-005
a Plan name	RELIABLE CHURCHILL LOCAL 570 401(K) PLAN		
b Name of plan sponsor	BREAKTHRU BEVERAGE GROUP	**c** EIN-PN	35-2545107-001
a Plan name	CAMPBELL SOUP COMPANY 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CAMPBELLS SOUP	**c** EIN-PN	21-0419870-008
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

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	CARL ZEISS MEDITEC, INC. RETIREMENT AND INVESTMENT PLAN		
b Name of plan sponsor	CARL ZEISS MEDITEC INC.	**c** EIN-PN	94-3374401-001
a Plan name	CIRCANA 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CIRCANA, LLC	**c** EIN-PN	36-2947987-001
a Plan name	COMPLETE GENOMICS 401(K) PLAN		
b Name of plan sponsor	COMPLETE GENOMICS INC.	**c** EIN-PN	20-3226545-001
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 401(K) SAVINGS PLAN		
b Name of plan sponsor	CONSOLIDATED ELECTRICAL DISTRIBUTORS,INC	**c** EIN-PN	77-0559191-003
a Plan name	RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF CONTINENTAL - AUTOMOTIVE SYSTEMS		
b Name of plan sponsor	CONTINENTAL AUTOMOTIVE, INC	**c** EIN-PN	51-0304065-013
a Plan name	CONTITECH AUBURN HOURLY 401(K) PLAN		
b Name of plan sponsor	CONTINENTAL TIRE THE AMERICAS, LLC	**c** EIN-PN	20-8832176-204
a Plan name	CONTITECH USA, BARGAINING UNIT EMPLOYEES RETIREMENT PLAN		
b Name of plan sponsor	CONTINENTAL TIRE THE AMERICAS, LLC	**c** EIN-PN	20-8832176-002
a Plan name	RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF CONTINENTAL - BESTDRIVE, LLC		
b Name of plan sponsor	CONTINENTAL TIRE THE AMERICAS, LLC	**c** EIN-PN	46-5177960-001
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	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

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 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	MICHCON INVESTMENT AND STOCK OWNERSHIP PLAN		
b Name of plan sponsor	DTE ENERGY INVESTMENT COMMITTEE	**c** EIN-PN	20-5895809-006
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 INVESTMENT COMMITTEE	**c** EIN-PN	20-5898509-004
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 INVESTMENT COMMITTEE	**c** EIN-PN	20-5898509-003
a Plan name	DTE ENERGY SAVINGS AND STOCK OWNERSHIP PLAN		
b Name of plan sponsor	DTE ENERGY INVESTMENT COMMITTEE	**c** EIN-PN	20-5898509-002
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 401(K) 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	**c** EIN-PN	54-1473338-002
a Plan name	FIDELITY NATIONAL INFORMATION SERVICES, INC. 401(K) PROFIT SHARING 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

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 401(K) 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 401(K) PLAN		
b Name of plan sponsor	JM FAMILY AUTOMOTIVE, LLC	**c** EIN-PN	59-1390794-003
a Plan name	JONES DAY RETIREMENT PLAN		
b Name of plan sponsor	JONES DAY	**c** EIN-PN	34-0319085-001
a Plan name	JONES DAY SUPPLEMENTAL SAVINGS PLAN		
b Name of plan sponsor	JONES DAY	**c** EIN-PN	34-0319085-004
a Plan name	KRONES INC. 401(K) 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. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	MAVENIR SYSTEMS, INC.	**c** EIN-PN	61-1489105-002
a Plan name	MCGRAW HILL 401(K) 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

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	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 401(K) PLAN		
b Name of plan sponsor	MH SUB I LLC.	**c** EIN-PN	46-3259063-001
a Plan name	MYRIAD GENETICS, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MYRIAD GENETICS, INC.	**c** EIN-PN	87-0494517-003
a Plan name	NATIONAL ELEVATOR INDUSTRY FUND OFFICE EMPLOYEES 401(K) PLAN		
b Name of plan sponsor	NATIONAL ELEVATOR INDUSTRY PENSION PLAN	**c** EIN-PN	23-2624860-001
a Plan name	NEPC, LLC 401K PLAN		
b Name of plan sponsor	NEPC, LLC	**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 AMERICAS 401(K) PLAN		
b Name of plan sponsor	NTT DATA AMERICAS, INC.	**c** EIN-PN	04-2437166-003
a Plan name	NTT DATA EAS, INC. PR EMPLOYEES RETIREMENT PLAN		
b Name of plan sponsor	NTT DATA AMERICAS, INC.	**c** EIN-PN	04-2437166-002
a Plan name	NXP 401K RETIREMENT TRUST		
b Name of plan sponsor	NXP SEMICONDUCTORS	**c** EIN-PN	20-0443182-001
a Plan name	OCCIDENTAL PETROLEUM CORPORATION SAVINGS PLAN		
b Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	**c** EIN-PN	95-4035997-060
a Plan name	PALO ALTO NETWORKS INC 401K PLAN		
b Name of plan sponsor	PALO ALTO NETWORKS, INC.	**c** EIN-PN	20-2530195-001

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 AUTOMOTIVE SYSTEMS AMERICA, LLC 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PANASONIC AUTOMOTIVE SYSTEMS AMERICA, LL	**c** EIN-PN	99-2777326-001
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	PRYSMIAN GROUP 401(K) PLAN		
b Name of plan sponsor	PRYSMIAN CABLES AND SYSTEMS (US) INC.	**c** EIN-PN	57-1061511-007
a Plan name	REED SMITH 401(K) PLAN		
b Name of plan sponsor	REED SMITH, LLP	**c** EIN-PN	25-0749630-001
a Plan name	RWJBARNABAS HEALTH 401(K) SAVINGS PLAN		
b Name of plan sponsor	RWJ BARNABAS HEALTH	**c** EIN-PN	22-2405279-005
a Plan name	SCHINDLER ELEVATOR CORPORATION PUERTO RICO SAVINGS AND INVESTMENT 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 401(K) 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 401(K) PLAN		
b Name of plan sponsor	SSM HEALTH	**c** EIN-PN	46-6029223-005

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	SSM HEALTH CARE DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	SSM HEALTH	**c** EIN-PN	46-6029223-002
a Plan name	SSM HEALTH CARE TAX DEFERRED ANNUITY 403(B) PLAN		
b Name of plan sponsor	SSM HEALTH	**c** EIN-PN	46-6029223-
a Plan name	STATE EMPLOYEES' CREDIT UNION RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	STATE EMPLOYEES CREDIT UNION	**c** EIN-PN	56-0475645-001
a Plan name	TD SYNNEX 401(K) RETIREMENT PLAN		
b Name of plan sponsor	TD SYNNEX	**c** EIN-PN	94-2703333-001
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 401(K) PLAN		
b Name of plan sponsor	THE AUTO CLUB GROUP	**c** EIN-PN	38-0477270-335
a Plan name	THE KROGER CO. 401(K) RETIREMENT SAVINGS ACCOUNT PLAN		
b Name of plan sponsor	THE KROGER CO.	**c** EIN-PN	31-0345740-010
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 401(K) RETIREMENT PLAN FOR EMPLOYEES OF PUERTO RICO		
b Name of plan sponsor	THERMO FISHER SCIENTIFIC INC.	**c** EIN-PN	02-0451017-001

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	THERMO FISHER SCIENTIFIC INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	THERMO FISHER SCIENTIFIC INC.	**c** EIN-PN	04-2209186-001
a Plan name	ELEVATOR CONSTRUCTORS ANNUITY & 401(K) RETIREMENT PLAN		
b Name of plan sponsor	TRUSTEES OF ELEVATOR CONSTRUCTORS ANNUITY & 401(K) RETIREMENT PLAN	**c** EIN-PN	52-2125995-001
a Plan name	TEXAS ONCOLOGY, P.A. 401(K) PLAN		
b Name of plan sponsor	US ONCOLOGY CORPORATE, INC.	**c** EIN-PN	75-2131429-002
a Plan name	THE US ONCOLOGY CLINICAL PRACTICE 401K PLAN		
b Name of plan sponsor	US ONCOLOGY CORPORATE, INC.	**c** EIN-PN	84-1213501-001
a Plan name	US ONCOLOGY, INC. 401(K) PLAN		
b Name of plan sponsor	US ONCOLOGY CORPORATE, INC.	**c** EIN-PN	76-0473455-001
a Plan name	USI 401(K) PLAN		
b Name of plan sponsor	USI INSURANCE SERVICES LLC	**c** EIN-PN	13-3771734-001
a Plan name	W. L. GORE & ASSOCIATES, INC. 401(K) PLAN		
b Name of plan sponsor	W. L. GORE & ASSOCIATES, INC.	**c** EIN-PN	51-0083365-003
a Plan name	WABTEC CORPORATION SAVINGS PLAN		
b Name of plan sponsor	WABTEC CORPORATION	**c** EIN-PN	25-1615902-004
a Plan name	WORLDPAY 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WORLDPAY, LLC	**c** EIN-PN	93-3499050-001
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
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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	598097	21060
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19992155	21971287
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	20084984	38311669
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	251718	589482
(B) All other	1c(3)(B)	1232538	2033494
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	70776041	194791479
(B) Common	1c(4)(B)	11787716609	14511785573
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	11900652142	14769504044
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	3487596	4339443
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	46436348	53631946
1k Total liabilities (add all amounts in lines 1g through1j)	1k	49923944	57971389
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	11850728198	14711532655

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1499127	
(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)	742815	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2241942
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	53610930	
(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)		53610930
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	764625177	
(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)		764625177
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2290892835	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2290892835

		(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		3111370884
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)	204325002	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		204325002
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)	46241425	
(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)		46241425
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		250566427
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2860804457
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.)	**4a**			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**			
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ 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 _____.