

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of 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)

Part II Basic Plan Information—enter all requested information

1a Name of plan THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIDELITY BANK	1b Three-digit plan number (PN) ▶	003
	1c Effective date of plan	01/01/2008
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) THE FIDELITY BANK 100 S MAIN STREET FUQUAY VARINA NC 27526	2b Employer Identification Number (EIN)	56-0132040
	2c Plan Sponsor's telephone number	919-557-4531
	2d Business code (see instructions)	522110

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		07/28/2021	LAUREL LABONTE
	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	559
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 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.....		
	6a(1)	392
	6a(2)	404
	6b	6
	6c	184
	6d	594
	6e	0
	6f	594
	6g	591
6h	41	
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 2K 2S 2T 3D

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIDELITY BANK	B Three-digit plan number (PN) ▶	003
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C Plan sponsor's name as shown on line 2a of Form 5500 THE FIDELITY BANK	D Employer Identification Number (EIN) 56-0132040
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Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

GREAT-WEST LIFE & ANNUITY INSURANCE
8515 EAST ORCHARD ROAD

GREENWOOD VILLAGE CO 80111

(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	RECORDKEEPER	63,060	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ADVISED ASSETS GROUP, LLC
8515 EAST ORCHARD ROAD

GREENWOOD VILLAGE CO 80111

(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?
28	INVESTMENT MGMT	6,044	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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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 <hr/> 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>					
A Name of plan THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIDELITY BANK	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">003</td> </tr> </table>	B Three-digit plan number (PN) ▶	003		
B Three-digit plan number (PN) ▶	003				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE FIDELITY BANK	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">D Employer Identification Number (EIN)</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">56-0132040</td> </tr> </table>	D Employer Identification Number (EIN)			56-0132040
D Employer Identification Number (EIN)					
	56-0132040				

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: SCHWAB MANAGED TR FD 2010IV				
b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY				
c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		0
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2015IV				
b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY				
c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		53,673
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2020IV				
b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY				
c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		543,695
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2025IV				
b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY				
c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		1,014,342
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2030IV				
b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY				
c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		2,262,457
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2035IV				
b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY				
c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		2,637,708
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2040IV				
b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY				
c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		1,530,722

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2045 IV

b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY

c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,832,482
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2050 IV

b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY

c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	625,988
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2055 IV

b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY

c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	782,059
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD 2060 IV

b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY

c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	114,028
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED TR FD INCIV

b Name of sponsor of entity listed in (a): CHARLES SCHWAB & COMPANY

c EIN-PN 81-0625169 003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21,563
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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)	
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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)	
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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)	
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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)	
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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)	
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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
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

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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		

A Name of plan THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIDELITY BANK	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE FIDELITY BANK	D Employer Identification Number (EIN) 56-0132040	

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	590,178	742,747
(2) Participant contributions	0	0
(3) Other	0	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	0	0
(2) U.S. Government securities	0	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	0	0
(B) All other	0	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred	0	0
(B) Common	0	0
(5) Partnership/joint venture interests	0	0
(6) Real estate (other than employer real property)	0	0
(7) Loans (other than to participants)	0	0
(8) Participant loans	569,307	550,238
(9) Value of interest in common/collective trusts	8,781,118	11,418,717
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts	0	0
(12) Value of interest in 103-12 investment entities	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	15,989,574	19,230,946
(14) Value of funds held in insurance company general account (unallocated contracts)		
(15) Other	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1) 0	0
(2)	Employer real property	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 25,930,177	31,942,648
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h	
i	Acquisition indebtedness	1i 0	0
j	Other liabilities	1j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 25,930,177	31,942,648

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 1,924,649	
	(B) Participants	2a(1)(B) 1,905,818	
	(C) Others (including rollovers)	2a(1)(C) 470,210	
(2)	Noncash contributions	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	4,300,677
b	Earnings on investments:		
(1)	Interest:		
(A)	Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A) 0	
(B)	U.S. Government securities	2b(1)(B) 0	
(C)	Corporate debt instruments	2b(1)(C) 0	
(D)	Loans (other than to participants)	2b(1)(D) 0	
(E)	Participant loans	2b(1)(E) 33,016	
(F)	Other	2b(1)(F) 0	
(G)	Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	33,016
(2)	Dividends: (A) Preferred stock	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C) 271,771	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B) 0	
	(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) 0	
	(B) Other	2b(5)(B) 0	
	(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)		1,615,804
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2,581,338
c Other income.....	2c		920
d Total income. Add all income amounts in column (b) and enter total.....	2d		8,803,526

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2,704,251	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2,704,251

f Corrective distributions (see instructions)..... **2f** 0

g Certain deemed distributions of participant loans (see instructions)..... **2g** 17,700

h Interest expense..... **2h** 0

i Administrative expenses: **(1)** Professional fees..... **2i(1)** 0

(2) Contract administrator fees..... **2i(2)** 69,104

(3) Investment advisory and management fees..... **2i(3)** 0

(4) Other..... **2i(4)** 0

(5) Total administrative expenses. Add lines **2i(1)** through **(4)**..... **2i(5)** 69,104

j Total expenses. Add all **expense** amounts in column (b) and enter total..... **2j** 2,791,055

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6,012,471
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: DIXON HUGHES GOODMAN

(2) EIN: 56-0747981

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, 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.

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.).....		X	
4a			

		Yes	No	Amount
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		X	
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		X	
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		X	
e Was this plan covered by a fidelity bond?.....	4e	X		10,000,000
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		X	
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		X	
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		X	
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	X		
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		X	
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		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		X	
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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIDELITY BANK	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE FIDELITY BANK	D Employer Identification Number (EIN) 56-0132040	

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): 84-1455663

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
----------	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Part I Identification

<p>A Name of filer, plan administrator, or plan sponsor (see instructions)</p> <p><u>THE FIDELITY BANK</u></p> <p>Number, street, and room or suite no. (If a P.O. box, see instructions)</p> <p><u>100 S MAIN STREET</u></p> <p>City or town, state, and ZIP code</p> <p><u>FUQUAY VARINA, NC 27526</u></p>	<p>B Filer's identifying number (see instructions)</p> <p>Employer identification number (EIN) (9 digits XX-XXXXXXX)</p> <p style="text-align: center;"><u>56-0132040</u></p> <hr/> <p>Social security number (SSN) (9 digits XXX-XX-XXXX)</p>														
<p>C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 60%;">Plan name</th> <th colspan="3" style="text-align: center;">Plan year ending—</th> </tr> <tr> <th style="text-align: center;">MM</th> <th style="text-align: center;">DD</th> <th style="text-align: center;">YYYY</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p><u>THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIDELITY BANK</u></p> </td> <td style="text-align: center; width: 5%;">0</td> <td style="text-align: center; width: 5%;">0</td> <td style="text-align: center; width: 5%;">3</td> <td style="text-align: center; width: 5%;">12</td> <td style="text-align: center; width: 5%;">31</td> <td style="text-align: center; width: 5%;">2020</td> </tr> </tbody> </table>	Plan name	Plan year ending—			MM	DD	YYYY	<p><u>THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIDELITY BANK</u></p>	0	0	3	12	31	2020	
Plan name		Plan year ending—													
	MM	DD	YYYY												
<p><u>THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIDELITY BANK</u></p>	0	0	3	12	31	2020									

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1** Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2** I request an extension of time until 10 / 15 /2021 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3** I request an extension of time until 10 / 15 /2021 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- a** Enter the Code section(s) imposing the tax ▶

a

- b** Enter the payment amount attached ▶

b

- c** For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶

c

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ Date ▶

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
The Enhanced Capital Accumulation Plan for the Employees of the Fidelity Bank
01-JAN-20 to 31-DEC-20

GA

17-JAN-21 21:49:02

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1SCIV15			43,506.84	53,673.15
1SCIV20			423,189.39	543,695.38
1SCIV25			779,469.68	1,014,342.14
1SCIV30			1,658,813.60	2,262,457.03
1SCIV35			1,837,827.81	2,637,707.90
1SCIV40			1,110,923.21	1,530,721.75
1SCIV45			1,314,293.88	1,832,481.96
1SCIV50			457,892.17	625,988.07
1SCIV55			574,033.02	782,058.71
1SCIV60			88,872.73	114,028.01
1SCIVIN			18,565.33	21,562.45
1RERFX			1,054,672.18	1,439,242.76
1DFITX			926.91	1,025.11
1FSPSX			283,389.56	333,080.67
1GICUX			17,310.79	20,257.38
1ODMAX			399,007.85	568,083.63
1PFRSX			651,268.07	711,659.80
1GTSCX			1,808,802.19	2,365,619.72
1VSMAX			163,333.16	213,890.38
1VIMAX			2,353,115.77	3,338,628.20
1FLCOX			296,876.34	324,942.76
1VFIAX			3,213,526.92	4,792,017.09
1VIGAX			1,420,964.34	1,851,137.00
1BAGIX			230,371.64	241,209.78
1BRHYX			484,706.53	511,908.42
1STRKX			65,643.26	70,047.54
1VAIPX			297,203.87	316,827.90
1VBIRX			629,336.35	646,924.62
1VBTLX			878,995.33	921,813.37
1GOFXX			550,033.74	550,033.74
			23,106,872.46	30,637,066.42
PARTICIPANT LOANS	VARIOUS	4.250-6.500	550,218.45	550,237.91
FORFEITURES			12,596.55	12,596.55

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

The Enhanced Capital Accumulation Plan for the Employees of the Fidelity Bank**01-JAN-20 to 31-DEC-20****17-JAN-21 21:49:02**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
-------------------	---------------	---------------	----------------	---------------

LEGEND

INVESTMENT OPTION:

1SCIV15	Schwab Managed Retirement Tr Fd 2015 IV	1SCIV20	Schwab Managed Retirement Tr Fd 2020 IV
1SCIV25	Schwab Managed Retirement Tr Fd 2025 IV	1SCIV30	Schwab Managed Retirement Tr Fd 2030 IV
1SCIV35	Schwab Managed Retirement Tr Fd 2035 IV	1SCIV40	Schwab Managed Retirement Tr Fd 2040 IV
1SCIV45	Schwab Managed Retirement Tr Fd 2045 IV	1SCIV50	Schwab Managed Retirement Tr Fd 2050 IV
1SCIV55	Schwab Managed Retirement Tr Fd 2055 IV	1SCIV60	Schwab Managed Retirement Tr Fd 2060 IV
1SCIVIN	Schwab Managed Retirement Tr Fd Inc IV	1RERFX	American Funds EuroPacific Gr R5
1DFITX	DFA Intl Real Estate Securities I	1FSPSX	Fidelity International Index
1GICUX	Goldman Sachs Intl Small Cap Insights	1ODMAX	Invesco Developing Markets A
1PFRSX	Principal Real Estate Securities Fd R-6	1GTSCX	Glenmede Small Cap Equity Instl
1VSMAX	Vanguard Small Cap Index Adm	1VIMAX	Vanguard Mid Cap Index Fund - Admiral
1FLCOX	Fidelity Large Cap Value Index	1VFIAX	Vanguard 500 Index Admiral
1VIGAX	Vanguard Growth Index Adm	1BAGIX	Baird Aggregate Bond Inst
1BRHYX	BlackRock High Yield Bond Portfolio K	1STRKX	Pioneer Strategic Income K
1VAIPX	Vanguard Inflation-Protected Secs Adm	1VBIRX	Vanguard Short-Term Bond Index Adm
1VBTXL	Vanguard Total Bond Market Index Admiral	1GOFXX	Federated Hermes Govt Obligations Fd Prm

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year



The Enhanced Capital Accumulation Plan for the Employees of The Fidelity Bank

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Financial Statements and Supplementary Information

December 31, 2020 and 2019



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Independent Auditors' Report

Retirement Plan Committee
The Enhanced Capital Accumulation Plan for the Employees
of The Fidelity Bank
Fuquay-Varina, NC

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Enhanced Capital Accumulation Plan for the Employees of The Fidelity Bank (the “Plan”), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America. This includes 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.

Auditors’ Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (“ERISA”), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Trust Company, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan’s investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.



Other Matter - Supplementary Information

The supplemental schedule as of December 31, 2020 is required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

Dixon Hughes Goodman LLP

Greenville, NC
July 19, 2021

The Enhanced Capital Accumulation Plan for the Employees of The Fidelity Bank
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments at fair value	<u>\$ 30,649,663</u>	<u>\$ 24,770,692</u>
Receivables:		
Notes receivable from participants	550,238	569,307
Employer contributions	<u>742,747</u>	<u>590,178</u>
Total receivables	<u>1,292,985</u>	<u>1,159,485</u>
Net assets available for benefits	<u><u>\$ 31,942,648</u></u>	<u><u>\$ 25,930,177</u></u>

The Enhanced Capital Accumulation Plan for the Employees of The Fidelity Bank
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

Changes to net assets attributable to:

Investment income:

Net appreciation in fair value of investments	\$ 4,197,142
Interest and dividends	<u>271,771</u>
Total investment income	<u>4,468,913</u>

Interest income on notes receivable from participants	<u>33,544</u>
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Contributions:

Employer	1,925,568
Participants	1,905,818
Rollovers	<u>470,210</u>

Total contributions	<u>4,301,596</u>
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Total additions	8,804,053
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Deductions to net assets attributed to:

Benefits paid to participants	2,724,628
Administrative expenses	<u>66,954</u>

Total deductions	<u>2,791,582</u>
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Net change	6,012,471
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Net assets available for benefits:

Beginning of year	<u>25,930,177</u>
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End of year	<u><u>\$ 31,942,648</u></u>
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Notes to Financial Statements

1. Description of the Plan

The following description of The Enhanced Capital Accumulation Plan for the Employees of The Fidelity Bank (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan became effective January 1, 2008. At such time, account balances of eligible employees of The Fidelity Bank (the "Company") who were hired after July 31, 2007, and those hired before July 31, 2007 electing to participate in the Plan, were transferred into the Plan.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have one month of service, except highly compensated employees, who must complete one year of service to become eligible to participate. The Retirement Plan Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. Great-West Trust Company, LLC serves as the trustee of the plan (the "Trustee"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was passed by Congress. The CARES Act, among other things, includes several relief provisions available to tax qualified retirement plans and their participants. Plan management evaluated the impact of the CARES Act on the Plan and will adopt several of the provisions regarding the expansion of allowed Plan distributions, the repayment of loans and the suspension of required minimum distributions.

Contributions

Each year, participants may contribute compensation, as defined in the Plan document, subject to certain Internal Revenue Code ("IRC") limitations. Participants are automatically enrolled, whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation. Participant salary deferrals may be traditional 401(k) (pretax) or Roth 401(k) (after-tax). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. After one year of service, the Company contributes a matching contribution of 100% of the first 6% of base compensation that a participant contributes to the Plan. An additional non-elective contribution of 3% of base compensation is made by the Company for participants that have completed one year of service and are actively employed at the end of the Plan year. Contributions are subject to certain limitations.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, common collective trust funds, and a money market fund as investment options for participants.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions and allocations of Plan earnings. Accounts may be charged with benefit payments and allocations of administrative

The Enhanced Capital Accumulation Plan for the Employees of The Fidelity Bank Notes to Financial Statements

expenses and Plan losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions and once eligible, the Company's matching contributions plus actual earnings thereon. Vesting in the Company's non-elective contribution portion of the participants' accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with prime rate plus 1%, as determined by the Plan administrator for loans entered subsequent to August 7, 2016. For loans entered prior to August 7, 2016, the loans bear interest at rates commensurate with prime rate plus 2%. Principal and interest are paid ratably through payroll deductions. Loan terms are not to exceed five years, with the exception of principal residence home loans which may be fixed for a period exceeding five years. At December 31, 2020, outstanding loans bore interest rates ranging from 4.25% to 6.50%.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or installments over a period of not more than the participant's or the participant's and the beneficiary's assumed life expectancies.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions (notes receivable from participants and distributions) are charged directly to the participant's account.

Forfeitures

At December 31, 2020 and 2019, forfeited non-vested accounts totaled \$12,597 and \$17,035, respectively. These accounts are used to reduce employer contributions and then administrative expenses. At December 31, 2020 and 2019, Company contribution receivables are offset by forfeitures of \$13,377 and \$19,642, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and

The Enhanced Capital Accumulation Plan for the Employees of The Fidelity Bank
Notes to Financial Statements

disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income from notes receivable from participants is recorded on the other accrual basis. Other interest income is recorded on the accrual basis. Dividends 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded upon distribution.

Subsequent Events

The Company has evaluated subsequent events through July 19, 2021, the date the financial statements were available to be issued.

3. Unaudited Information Certified by Trustee

The accompanying financial statements include the following unaudited information as of December 31, 2020 and 2019 and for the year ended December 31, 2020, which was obtained from data prepared and certified to be complete and accurate by the Trustee:

	<u>2020</u>	<u>2019</u>
Investments at fair value	<u>\$ 30,649,663</u>	<u>\$ 24,770,692</u>
Notes receivable from participants	<u>\$ 550,238</u>	<u>\$ 569,307</u>
Net appreciation in fair value of investments	<u>\$ 4,197,142</u>	
Interest and dividends	<u>\$ 271,771</u>	
Interest income on notes receivable from participants	<u>\$ 33,544</u>	

4. Fair Value Measurements

Fair value, as defined under U.S. GAAP, is an exit price, representing 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. U.S. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value.

These tiers include:

- Level 1:** Observable inputs such as quoted prices in active markets.
- Level 2:** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3:** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

There have been no changes in the methodologies used at December 31, 2020 and 2019. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

Common collective trust funds

These funds are valued at the net asset value ("NAV") of units of the collective fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer does not reserve the right to require advanced notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Money market fund

Money market funds are public investment vehicles for which quoted prices are available, however they are not in active markets for identical instruments. The fund seeks to maintain stable value investments regardless of market conditions. There are no unfunded commitments, redemption frequency restrictions, or other redemption restrictions.

The Enhanced Capital Accumulation Plan for the Employees of The Fidelity Bank
Notes to Financial Statements

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2020 and 2019.

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,668,317	\$ -	\$ -	\$ 18,668,317
Money market fund	-	562,630	-	562,630
Total assets in the fair value hierarchy	<u>\$ 18,668,317</u>	<u>\$ 562,630</u>	<u>\$ -</u>	<u>19,230,947</u>
Investments measured at NAV (a)				<u>11,418,716</u>
Investments at fair value				<u>\$ 30,649,663</u>

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,663,815	\$ -	\$ -	\$ 15,663,815
Money market fund	-	325,759	-	325,759
Total assets in the fair value hierarchy	<u>\$ 15,663,815</u>	<u>\$ 325,759</u>	<u>\$ -</u>	<u>15,989,574</u>
Investments measured at NAV (a)				<u>8,781,118</u>
Investments at fair value				<u>\$ 24,770,692</u>

(a) *In accordance with U.S. GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.*

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2020 and 2019.

	Fair Value at December 31, 2020	Fair Value at December 31, 2019	Other Unfunded Commitments	Redemption Restrictions	Redemption Notice Period
Common collective trust funds	\$ 11,418,716	\$ 8,781,118	None	None	None

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5. Related Party Transactions

The Company is related through common ownership with First-Citizens Bank & Trust Company, as significant shareholders of the Company are also significant shareholders of the former trustee, First-Citizens Bank & Trust Company. For the year ended December 31, 2020, the Company paid First-Citizens Bank & Trust Company \$17,500, as investment advisor fees. Fees paid by the Plan to other service providers for administrative and recordkeeping services amounted to \$66,954 for the year ended December 31, 2020. These transactions qualify as exempt party-in-interest transactions under ERISA.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Plan assets will be distributed to participants and beneficiaries in accordance with the Plan provisions and ERISA, and participants would become 100% vested in their accounts.

7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated June 28, 2017 that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan administrator believes that the Plan and its underlying trust are designed and are currently being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan administrator believes that the Plan was qualified, and the related trust was tax exempt as of the financial statement date.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

9. Covid-19

In March 2020, the World Health Organization declared the outbreak and spread of COVID-19, a novel strain of Coronavirus, a pandemic. The coronavirus outbreak has had far reaching and unpredictable impacts on the global economy, supply chains, financial markets, and global business operations of a variety of industries. Governments have taken substantial action to contain the spread of the virus including mandating social distancing, suspension of certain gatherings, and shuttering of certain nonessential businesses.

There is significant uncertainty in the nature and degree of its continued effects on the Plan. The extent to which it will impact the Plan going forward will depend on a variety of factors including the duration and continued spread of the outbreak, impact on the Company's customers, employees and vendors, as well as governmental, regulatory and private sector responses. Further, the pandemic may have a significant impact on management's accounting estimates and assumptions.



Supplementary Information

The Enhanced Capital Accumulation Plan for the Employees of The Fidelity Bank
Schedule of Assets (Held at End of Year)

Schedule H, Line 4i

EIN: 56-0132040

Plan Number 003

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current Value
Money market fund:				
	Federated	Government Obligations Fund		\$ 562,630
Mutual funds:				
	Vanguard	500 Index Fund Admiral Class		4,792,017
	Vanguard	Mid-Cap Index Fund Admiral Shares		3,338,628
	Glenmede	Small Cap Equity Institutional		2,365,620
	Vanguard	Growth Index Fund Admiral Shares		1,851,137
	American Funds	EuroPacific Growth Fund® Class R-5		1,439,243
	Vanguard	Total Bond Market Index Fund Admiral Shares		921,813
	Principal	Real Estate Securities Fund Class R-6		711,660
	Vanguard	Short-Term Bond Index Fund Admiral Shares		646,925
	Invesco	Developing Markets A		568,084
	BlackRock	High Yield Bond Portfolio K		511,908
	Fidelity	International Index Fund		333,081
	Fidelity	Large Cap Value Index		324,943
	Vanguard	Inflation-Protected Securities Fund Admiral Shares		316,828
	BAIRD	Aggregate Bond Fund Institutional Class		241,210
	Vanguard	Small Cap Index Fund Admiral Shares		213,890
	Pioneer	Strategic Income K		70,048
	Goldman Sachs	International Small Cap Insights		20,257
	DFA	International Real Estate Securities I		1,025
Common collective trust funds:				
	Charles Schwab	Managed Retirement Trust Fund 2035, Unit Class IV		2,637,708
	Charles Schwab	Managed Retirement Trust Fund 2030, Unit Class IV		2,262,457
	Charles Schwab	Managed Retirement Trust Fund 2045, Unit Class IV		1,832,482
	Charles Schwab	Managed Retirement Trust Fund 2040, Unit Class IV		1,530,722
	Charles Schwab	Managed Retirement Trust Fund 2025, Unit Class IV		1,014,342
	Charles Schwab	Managed Retirement Trust Fund 2055, Unit Class IV		782,059
	Charles Schwab	Managed Retirement Trust Fund 2050, Unit Class IV		625,988
	Charles Schwab	Managed Retirement Trust Fund 2020, Unit Class IV		543,695
	Charles Schwab	Managed Retirement Trust Fund 2066, Unit Class IV		114,028
	Charles Schwab	Managed Retirement Trust Fund 2015, Unit Class IV		53,673
	Charles Schwab	Managed Retirement Trust Income Fund, Class IV		21,562
*	Participant loans***	Interest-bearing at 4.25% - 6.50% maturing through July 2030		550,238
				\$ 31,199,901

*Identifies party-in-interest.

**Cost information omitted for participant-directed investments.

***The accompanying financial statements classify participant loans as notes receivable from participants.