

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____	

Part II Basic Plan Information—enter all requested information		
1a Name of plan THE FIDELITY BANK PENSION PLAN	1b Three-digit plan number (PN) ▶	001
1c Effective date of plan 01/01/1960		
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 PO BOX 8 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			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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 364
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) 104
a(2) Total number of active participants at the end of the plan year	6a(2) 91
b Retired or separated participants receiving benefits	6b 126
c Other retired or separated participants entitled to future benefits	6c 83
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 300
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 10
f Total. Add lines 6d and 6e	6f 310
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
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:
 1A

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

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

a Pension Schedules

- (1) ☒ **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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		208\$
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan THE FIDELITY BANK PENSION PLAN	B Three-digit plan number (PN) ▶ 001
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	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY NATIONAL INFO SYSTEMS, INC	37-1490331

(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)

(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"/>

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

a Name:	Lynnette Vaughn	b EIN:	53-0181291
c Position:	Enrolled Actuary		
d Address:	150 N College St Suite 3050 Charlotte NC 28202	e Telephone:	704-620-6531

Explanation: Fidelity Bank changed actuarial firms. Business decision; no material disputes.

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan THE FIDELITY BANK PENSION PLAN	B Three-digit plan number (PN) ►	001
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			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	71,573	62,183
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	337,949	1,991,437
(2) U.S. Government securities	1c(2)	4,638,767	3,863,182
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6,164,165	7,075,482
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1,835,710	2,058,956
(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)	26,707,890	29,310,269
(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)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	39,756,054	44,361,509

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
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	39,756,054	44,361,509
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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)	1,000,000	
(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)		1,000,000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3,975	
(B) U.S. Government securities	2b(1)(B)	68,171	
(C) Corporate debt instruments	2b(1)(C)	187,343	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		259,489
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	36,168	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	384,595	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		420,763
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	55,952,883	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	53,739,368	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2,213,515
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3,725,605	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3,725,605

		(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		7,619,372

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3,013,917	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3,013,917
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3,013,917

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4,605,455
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 HUGES GOODMAN, LLP

(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:

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.)

	Yes	No	Amount
4a		X	

		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.)		X	
	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.)		X	
	4d		X	
e	Was this plan covered by a fidelity bond?.....	X		10,000,000
	4e	X		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
	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?		X	
	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?		X	
	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.)	X		
	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.)	X		
	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?.....		X	
	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?		X	
	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
	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?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4293633</u> .				

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>			
For calendar plan year 2020 or fiscal plan year beginning		01/01/2020		and ending		12/31/2020	
<div>A Name of plan</div> <div>THE FIDELITY BANK PENSION PLAN</div>				<div>B Three-digit plan number (PN)</div> <div>001</div>			
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>THE FIDELITY BANK</div>				<div>D Employer Identification Number (EIN)</div> <div>56-0132040</div>			
<div>Part I</div>		<div>Distributions</div>					
All references to distributions relate only to payments of benefits during the plan year.							
<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>				<div>1</div>		<div>0</div>	
<div>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):</div> <div>EIN(s): 56-1484847</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>							
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>				<div>3</div>		<div>46</div>	
<div>Part II</div>		<div>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.)</div>					
<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div> <div>If the plan is a defined benefit plan, go to line 8.</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>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 _____</div> <div>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div>				<div><input checked="" type="checkbox"/> N/A</div>			
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>				<div>6a</div>			
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>				<div>6b</div>			
<div>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)</div>				<div>6c</div>			
<div>If you completed line 6c, skip lines 8 and 9.</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>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?</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>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.</div>				<div><input type="checkbox"/> Increase</div>		<div><input type="checkbox"/> Decrease</div>	
<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>11 a Does the ESOP hold any preferred stock?</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>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.)</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>Part III</div>				<div>Amendments</div>			
<div>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.</div>				<div><input type="checkbox"/> Increase</div>		<div><input type="checkbox"/> Decrease</div>	
<div>Part IV</div>				<div>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.</div>			
<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>11 a Does the ESOP hold any preferred stock?</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>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.)</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>				<div><input type="checkbox"/> Yes</div>		<div><input type="checkbox"/> No</div>	
<div>For Paperwork Reduction Act Notice, see the Instructions for Form 5500.</div>				<div>Schedule R (Form 5500) 2020 v. 200204</div>			

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<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

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE FIDELITY BANK PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE FIDELITY BANK	D Employer Identification Number (EIN) 56-0132040	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I	Basic Information																				
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>																				
2	Assets:																				
	<table style="width: 100%;"> <tr> <td style="width: 70%;">a Market value.....</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 20%; text-align: right;">39,756,054</td> </tr> <tr> <td>b Actuarial value.....</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">38,202,453</td> </tr> </table>	a Market value.....	2a	39,756,054	b Actuarial value.....	2b	38,202,453														
a Market value.....	2a	39,756,054																			
b Actuarial value.....	2b	38,202,453																			
3	Funding target/participant count breakdown																				
	<table style="width: 100%;"> <tr> <th></th> <th style="width: 15%;">(1) Number of participants</th> <th style="width: 20%;">(2) Vested Funding Target</th> <th style="width: 20%;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">126</td> <td style="text-align: right;">14,014,247</td> <td style="text-align: right;">14,014,247</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">134</td> <td style="text-align: right;">4,753,608</td> <td style="text-align: right;">4,753,608</td> </tr> <tr> <td>c For active participants.....</td> <td style="text-align: center;">104</td> <td style="text-align: right;">9,736,481</td> <td style="text-align: right;">9,887,402</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: center;">364</td> <td style="text-align: right;">28,504,336</td> <td style="text-align: right;">28,655,257</td> </tr> </table>		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	126	14,014,247	14,014,247	b For terminated vested participants	134	4,753,608	4,753,608	c For active participants.....	104	9,736,481	9,887,402	d Total.....	364	28,504,336	28,655,257
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																		
a For retired participants and beneficiaries receiving payment.....	126	14,014,247	14,014,247																		
b For terminated vested participants	134	4,753,608	4,753,608																		
c For active participants.....	104	9,736,481	9,887,402																		
d Total.....	364	28,504,336	28,655,257																		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>																				
	<table style="width: 100%;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	a Funding target disregarding prescribed at-risk assumptions	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b															
a Funding target disregarding prescribed at-risk assumptions	4a																				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b																				
5	Effective interest rate..... 5 5.42%																				
6	Target normal cost..... 6 451,772																				

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<div style="text-align: center;"> Signature of actuary _____ Lawrence E. Scherer _____ Type or print name of actuary FINDLEY, A DIVISION OF USI _____ Firm name 1660 W SECOND ST SUITE 900 CLEVELAND OH 44113 _____ Address of the firm </div>	<div style="text-align: center;"> Date 07/16/2021 _____ 2006389 _____ Most recent enrollment number 216-875-1900 _____ Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2020
v. 200204**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>19.91</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage.....	14	133.31%
15	Adjusted funding target attainment percentage.....	15	133.31%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	133.15%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/02/2020	1,000,000	0			
			Totals ►	18(b)	18(c)
				1,000,000	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	978,177

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	451,772	
b Excess assets, if applicable, but not greater than line 31a	31b	451,772	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	978,177	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	978,177	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011

Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	Fidelity Bank
EIN/PN	56-0132040/001
Effective Date	January 1, 1960. Amended and restated effective January 1, 2015.
Plan Year	The twelve-month period beginning each January 1.
Participation	<p>An employee shall become a participant effective the first day of the plan year coincident with or next proceeding the later of the first anniversary of employment, completion of 1,000 hours of service and attainment of age 21.</p> <p>Effective August 1, 2007, participation in the plan was frozen. No new participants will be allowed into the plan after August 1, 2007.</p>
Vesting Service	One year of Vesting Service is earned for each plan year in which 1,000 hours are worked.
Benefit Service	One year of Benefit Service is earned for completion of 1,000 hours of service in a Plan Year. Benefit Service is frozen as of 12/31/2007 for participants who opted out of the Plan through the Retirement Select choice program.
Earnings	Total base earnings paid to Participant by an Employer, including bonuses, overtime pay, and deferrals, but excluding certain special bonuses.
Final Average Earnings	Earnings averaged over the five consecutive years, during the last ten calendar years, which provide the greatest average. If an Employee has less than five years of Service, Final Average Earnings shall be calculated based on the Earnings during the shorter period.
Covered Compensation	Covered Compensation means the average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained.
Accrued Benefit	<p>The monthly benefit payable as a life annuity is defined as the sum of:</p> <ul style="list-style-type: none">(a) 1.2% of Final Average Earnings multiplied by total Benefit Service projected to Normal Retirement Date, up to 40 years(b) 0.65% of the Final Average Earnings in excess of Covered Compensation, if any, multiplied by total Benefit Service projected to Normal Retirement Date, up to 35 years. <p>The sum is multiplied by a fraction, not greater than one. The numerator is the Benefit Service, and the denominator is the Benefit Service projected to Normal Retirement Date (without any limits).</p>

Appendix A (Continued)

Normal Retirement Benefit

Eligibility:

Later of Age 65 and 5th Anniversary of Participation Date.

Monthly Benefit:

The Accrued Benefit.

Late Retirement Benefit

Eligibility:

Termination after age 65.

Monthly Benefit:

The greater of the actuarial equivalent of the benefit determined at the end of the prior Plan Year, or the Accrued Benefit as of the Delayed Retirement Date based on service and earnings as of that date.

Early Retirement Benefit

Eligibility:

Age 55 and 15 years of Vesting Service or Age 50 and 20 years of Vesting Service.

Monthly Benefit:

The Accrued Benefit at Early Retirement reduced by 1/15th for the first 5 years, 1/30th for the next 5 years, 1/20th for the next 2 years and 3/100th for the final 3 years by which his actual retirement date precedes his Normal Retirement Date.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least 5 years of Vesting Service.

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Appendix A (Continued)

Death Benefit

Eligibility:

Participant must be vested and married at the time of death.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 100% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 100% Joint and Survivor Annuity form of payment.

Normal Form of Benefit

Single: Life Annuity

Married: Actuarial equivalent 100% Joint and Survivor

Optional Forms of Benefit

Life Annuity

50% Joint and Survivor

66 2/3% Joint and Survivor

100% Joint and Survivor

All optional forms of benefit are actuarially equivalent to the life annuity form of payment and are determined using the Applicable Mortality Table and segment rates for the month of September that precedes the Plan Year.

Benefits Available as Lump Sum

If the actuarial present value of a participant's vested accrued benefit is less than \$20,000, he may elect to receive a lump sum payment of his vested benefit upon termination of employment.

Lump sums are determined using the assumptions as defined in 417(e) with segment rates for the month of September that precedes the Plan Year.

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Plan Compensation Limit

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Changes in Plan Provisions

None.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2020 Valuation
The Fidelity Bank Pension Plan
(EIN: 56-0132040; PN: 001)

Attained Age	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	1 (*)	-	-	-	-	-	-	-	-
35 to 39	-	5 (*)	2 (*)	2 (*)	-	-	-	-	-	-
40 to 44	1 (*)	3 (*)	-	1 (*)	1 (*)	1 (*)	-	-	-	-
45 to 49	-	4 (*)	3 (*)	2 (*)	5 (*)	3 (*)	3 (*)	-	-	-
50 to 54	1 (*)	2 (*)	4 (*)	2 (*)	3 (*)	2 (*)	-	1 (*)	-	-
55 to 59	-	2 (*)	2 (*)	2 (*)	5 (*)	3 (*)	3 (*)	1 (*)	-	-
60 to 64	-	2 (*)	2 (*)	3 (*)	7 (*)	4 (*)	2 (*)	2 (*)	-	2 (*)
65 to 69	-	-	-	-	3 (*)	-	2 (*)	1 (*)	-	2 (*)
70 & up	-	1 (*)	-	-	1 (*)	-	-	-	-	-

* Average annual accrued benefit is not shown since there are fewer than 1,000 active participants in this plan.

Schedule SB, Line 24 – Change in Actuarial Assumptions
The Fidelity Bank Pension Plan
January 1, 2020 Valuation
EIN/PN: 56-0132040/001

Changes in Assumptions
and Methods since the
Last Actuarial Valuation

Rates of Turnover and Disability were updated to reflect newer standard tables and expected future experience.

The Taxable Wage Base Increase was changed from 4.00% to 3.75%

Justification for Changes
in Actuarial Assumptions

Assumption changes other than to prescribed actuarial assumptions were made to better anticipate future experience and to comply with ASOP 35. No approval is required for these changes because aggregate underfunding for PBGC premium purposes within the controlled group, excluding overfunded plans, for this Plan Year does not exceed \$50,000,000.

Schedule SB, Line 24 – Change in Method
The Fidelity Bank Pension Plan
January 1, 2020 Valuation
EIN/PN: 56-0132040/001

Changes in Methods
since the Last Actuarial
Valuation

The actuarial firm preparing results changed from Willis Towers Watson US LLC to Findley, a Division of USI. IRS approval was not required since the change in actuarial firms meets the requirements of Revenue Procedure 2017-56.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
The Fidelity Bank Pension Plan
January 1, 2020 Valuation
EIN/PN: 56-0132040/001

Rates of Retirement

Based on age as follows:

<u>Age(s)</u>	<u>Rate</u>
55-61	3.00%
62	15.00
63-64	3.00
65+	100.00

Rationale: As selected by Plan Sponsor to meet historical experience and expectations of future retirement patterns.

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Retirement Age	# Employees Not Yet Retired	% Assumed to Retire	Number Retiring	Product of Age and # Retiring
55	1,000.00	3.00%	30.00	1,650
56	970.00	3.00	29.10	1,630
57	940.90	3.00	28.23	1,609
58	912.67	3.00	27.38	1,588
59	885.29	3.00	26.56	1,567
60	858.73	3.00	25.76	1,546
61	832.97	3.00	24.99	1,524
62	807.98	15.00	121.20	7,514
63	686.78	3.00	20.60	1,298
64	666.18	3.00	19.99	1,279
65	646.19	100.00	646.19	42,002

Sum of (Retirement Age * Number Retiring)	63,207
Divided by hypothetical group size	1,000
Equals Weighted Average Retirement Age for Salaried Employees	63

Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of December 2019 and published in January 2020 (as prescribed by IRC 430) and adjusted to reflect BBA: <ul style="list-style-type: none">Segment 1 (0 – 5 years) 3.64%Segment 2 (5 to 20 years) 5.21%Segment 3 (more than 20 years) 5.94%Effective Interest Rate 5.42%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of December 2019 and published in January 2020 (as prescribed by IRC 430) as follows: <ul style="list-style-type: none">Segment 1 (0 – 5 years) 2.77%Segment 2 (5 to 20 years) 3.83%Segment 3 (more than 20 years) 4.28%Effective Interest Rate 4.00%
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 7.00% Rationale: Selected by the Plan Sponsor based on a review of historical returns and after consulting with the Investment Advisor.
PBGC Annual Interest Rates	24-month segment rates averaged through the end of December 2019 and published in January 2020 using the Alternative Method (as prescribed by IRC 430) as follows: <ul style="list-style-type: none">Segment 1 (0 – 5 years) 2.77%Segment 2 (5 to 20 years) 3.83%Segment 3 (more than 20 years) 4.28%Effective Interest Rate 4.00%
Salary Scale	4.00% Rationale: As selected by the Plan Sponsor based on expectations of future salary increases.
Social Security Wage Base Increase	3.75%
Mortality	Mortality as provided in Notice 2019-26, male and female, with different rates for annuitants and nonannuitants (as prescribed by IRC 430).

Appendix A (Continued)

Rates of Retirement

Based on age as follows:

<u>Age(s)</u>	<u>Rate</u>
55-61	3.00%
62	15.00
63-64	3.00
65+	100.00

Rationale: As selected by Plan Sponsor to meet historical experience and expectations of future retirement patterns.

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

1985 Pension Disability Class I for males and females

Sample rates:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	.00038	.00047
45	.00202	.00323
55	.00722	.00952

Rates of Turnover

SOA 2003 Small Plan Termination Rates.

Sample rates:

<u>Age</u>	<u>Rate</u>
25	.195
45	.073
55	.042

Rationale: As selected by Plan Sponsor to meet historical experience and expectations of future withdrawal patterns.

Assumptions Made In Valuing Spouse's Benefit

80% percent of male employees and 50% of female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Election

50% of male and 25% of female married participants are assumed to elect 100% Joint and Survivor annuity. The remaining are assumed to elect the life annuity.

Appendix A (Continued)

Provision for Expenses	The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year, were included in the Target Normal Cost for minimum contribution purposes. Note that the plan sponsor pays all administrative expenses directly
Standing Elections	The client has not signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.
Asset Method	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.
Funding Method	Pure Unit Credit
Employees Valued	Only participants as of January 1, 2020, were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	<p>The segmented interest rates used for determining the funding target were 3.74%, 5.35% and 6.11%. These rates were updated to the rates required for the current plan year.</p> <p>Rates of Turnover and Disability were updated to reflect newer standard tables and expected future experience.</p> <p>The Taxable Wage Base Increase was 4.00%.</p>
Justification for Changes in Actuarial Assumptions	Assumption changes other than to prescribed actuarial assumptions were made to better anticipate future experience and to comply with ASOP 35. No approval is required for these changes because aggregate underfunding for PBGC premium purposes within the controlled group, excluding overfunded plans, for this Plan Year does not exceed \$50,000,000.

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE FIDELITY BANK PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE FIDELITY BANK	D Employer Identification Number (EIN) 56-0132040	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I	Basic Information																				
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>																				
2	Assets:																				
	<table style="width:100%;"> <tr> <td style="width:70%;">a Market value.....</td> <td style="width:10%; text-align: center;">2a</td> <td style="width:20%; text-align: right;">39,756,054</td> </tr> <tr> <td>b Actuarial value.....</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">38,202,453</td> </tr> </table>	a Market value.....	2a	39,756,054	b Actuarial value.....	2b	38,202,453														
a Market value.....	2a	39,756,054																			
b Actuarial value.....	2b	38,202,453																			
3	Funding target/participant count breakdown																				
	<table style="width:100%;"> <tr> <th></th> <th style="width:15%;">(1) Number of participants</th> <th style="width:20%;">(2) Vested Funding Target</th> <th style="width:20%;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">126</td> <td style="text-align: right;">14,014,247</td> <td style="text-align: right;">14,014,247</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">134</td> <td style="text-align: right;">4,753,608</td> <td style="text-align: right;">4,753,608</td> </tr> <tr> <td>c For active participants.....</td> <td style="text-align: center;">104</td> <td style="text-align: right;">9,736,481</td> <td style="text-align: right;">9,887,402</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: center;">364</td> <td style="text-align: right;">28,504,336</td> <td style="text-align: right;">28,655,257</td> </tr> </table>		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	126	14,014,247	14,014,247	b For terminated vested participants	134	4,753,608	4,753,608	c For active participants.....	104	9,736,481	9,887,402	d Total.....	364	28,504,336	28,655,257
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																		
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c For active participants.....	104	9,736,481	9,887,402																		
d Total.....	364	28,504,336	28,655,257																		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>																				
	<table style="width:100%;"> <tr> <td style="width:70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	a Funding target disregarding prescribed at-risk assumptions	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b															
a Funding target disregarding prescribed at-risk assumptions	4a																				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b																				
5	Effective interest rate..... 5 5.42%																				
6	Target normal cost..... 6 451,772																				

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>7/16/2021</u> Date <u>2006389</u> Most recent enrollment number <u>216-875-1900</u> Telephone number (including area code)
Lawrence E. Scherer Type or print name of actuary FINDLEY, A DIVISION OF USI Firm name 1660 W SECOND ST SUITE 900 CLEVELAND OH 44113 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2020
v. 200204

Part II	Beginning of Year Carryover and Prefunding Balances
----------------	--

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>19.91</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	133.31%
15	Adjusted funding target attainment percentage.....	15	133.31%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	133.15%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
06/02/2020	1,000,000	0					
			Totals ►	18(b)	1,000,000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	978,177

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	451,772	
b Excess assets, if applicable, but not greater than line 31a	31b	451,772	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	978,177	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	978,177	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011

The Fidelity Bank Pension Plan

**Financial Statements
and Supplementary Information**

**As of and for the Years Ended
December 31, 2020 and 2019**

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Independent Auditors' Report

Retirement Plan Committee
The Fidelity Bank Pension Plan
Fuquay-Varina, NC

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Fidelity Bank Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits and statements of changes in net assets available for benefits as of and for the years ended December 31, 2020 and 2019, and the statement of accumulated plan benefits and statement of changes in accumulated plan benefits as of and for the year ended December 31, 2019, 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 5, which was certified by First-Citizens Bank & Trust Company, the trustee of the Plan, except for comparing such 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 schedules as of and for the year ended December 31, 2020 are required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA, and are presented for the purpose of additional analysis, and are 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 schedules.

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 schedules, 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 Fidelity Bank Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments at fair value	\$ 44,299,326	\$ 39,684,481
Receivables:		
Accrued income	<u>62,183</u>	<u>71,573</u>
Net assets available for benefits	<u>\$ 44,361,509</u>	<u>\$ 39,756,054</u>

The Fidelity Bank Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	2020	2019
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 5,939,120	\$ 5,872,090
Interest and dividends	680,252	840,806
Total investment income	6,619,372	6,712,896
Employer contributions	1,000,000	-
Total additions	7,619,372	6,712,896
Deductions to net assets attributed to:		
Benefits paid to participants	3,013,917	1,301,693
Total deductions	3,013,917	1,301,693
Net change	4,605,455	5,411,203
Net assets available for benefits:		
Beginning of year	39,756,054	34,344,851
End of year	\$ 44,361,509	\$ 39,756,054

The Fidelity Bank Pension Plan
Statement of Accumulated Plan Benefits
December 31, 2019

Actuarial present value of accumulated plan benefits:

Vested benefits

Participants currently receiving benefits

\$ 12,040,546

Other participants

12,062,257

24,102,803

Nonvested benefits

79,853

Total actuarial present value of accumulated
plan benefits

\$ 24,182,656

The Fidelity Bank Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2019

Actuarial present value of accumulated plan benefits at December 31, 2018	<u>\$ 23,016,976</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	724,295
Interest, due to decrease in the discount period at 7%	1,566,407
Benefits paid	(1,301,693)
Change in other actuarial assumptions	<u>176,671</u>
	<u>1,165,680</u>
Actuarial present value of accumulated plan benefits at December 31, 2019	<u><u>\$ 24,182,656</u></u>

Notes to Financial Statements

1. Description of the Plan

The following description of The Fidelity Bank Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of The Fidelity Bank (the "Company"). The Company discontinued offering benefits under the Plan to employees hired after July 31, 2007. Employees hired on or before July 31, 2007 were allowed the option of continued participation in the Plan and an existing defined contribution plan offered by the Company or enrollment in an enhanced defined contribution benefit plan offered by the Company beginning January 1, 2008. Employees who elected to enroll in the enhanced defined contribution benefit plan discontinued future benefit accruals under the Plan after January 1, 2008.

The Retirement Plan Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. First-Citizens Bank & Trust Company ("Trustee") serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.20% of final average compensation multiplied by years of creditable service (not to exceed 40 years), plus 0.65% of final average compensation in excess of covered compensation multiplied by years of creditable service (not to exceed 35 years). The Plan permits early retirement with reduced benefits at ages 50-64. Employees may elect to receive their pension benefit in the form of a joint and survivor annuity, a single annuity, or, if the total benefit is less than \$20,000, a lump sum payment. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits.

Death and Disability Benefits

In the event of a vested employee's death, his or her designated beneficiary will be entitled to receive a survivor benefit equal to the participant's accrued benefit according to the Plan provisions. The survivor benefit commences on the earliest date that the deceased participant could have elected to receive retirement benefits. Active employees who become disabled may elect to receive disability benefits at a predefined disability retirement date.

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.

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 net assets available for benefits and changes

The Fidelity Bank Pension Plan Notes to Financial Statements

therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may 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 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired, deceased, disabled, or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on each employee's average monthly compensation during the five highest consecutive Plan years in the last ten completed years of participation. The actuarial present value of accumulated plan benefits for active employees are based on the above compensation period ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances are included to the extent they are deemed attributable to the employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent consulting actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuations as of December 31, 2019 were as follows:

Actuarial cost method – Projected unit cost method

Mortality table – PRI-2012 Total Dataset Mortality Projected with Scale MP - 2019

Retirement age - Graded probabilities: 3% (ages 55-61), 15% (age 62), 3% (ages 63-64), remainder at age 65.

Assumed return on investments – 7.00%

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020. Had the valuations been performed as of December 31, 2019 there would be no material differences.

Payment of Benefits

Benefit payments 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. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make annual contributions to the Plan based upon actuarial valuations of normal cost plus amortization of unfunded accrued liability over periods established for minimum funding purposes. The minimum funding requirements of ERISA have been met for 2020 and 2019.

4. Plan Termination

Although it has not expressed any intention 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 set forth in ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit projections is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefit guaranteed by the PBGC.

5. Unaudited Information Certified By Trustee

The accompanying financial statements include the following unaudited information as of December 31, 2020 and 2019 and for the years then ended, 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>\$ 44,299,326</u>	<u>\$ 39,684,481</u>
Accrued income receivable	<u>\$ 62,183</u>	<u>\$ 71,573</u>
Net appreciation in fair value of investments	<u>\$ 5,939,120</u>	<u>\$ 5,872,090</u>
Interest and dividends	<u>\$ 680,252</u>	<u>\$ 840,806</u>

6. 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.

The Fidelity Bank Pension Plan
Notes to Financial Statements

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 valuation methodologies used at December 31, 2020 and 2019. The following is a description of the valuation methodologies used for assets measured at fair value:

Common stocks

Common stocks in the Plan are publicly traded investments and are valued daily at the closing price reported on the active market on which the individual securities are traded.

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.

Exchange traded funds

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

Bonds

These investments are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields on similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Money market funds

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	Fair Value as of December 31, 2020			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 21,450,498	\$ -	\$ -	\$ 21,450,498
Bonds	-	10,938,664	-	10,938,664
Exchange traded funds	7,859,771	-	-	7,859,771
Common stocks	2,058,956	-	-	2,058,956
Money market funds	-	1,991,437	-	1,991,437
Investments at fair value	<u>\$ 31,369,225</u>	<u>\$ 12,930,101</u>	<u>\$ -</u>	<u>\$ 44,299,326</u>

The Fidelity Bank Pension Plan
Notes to Financial Statements

	Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 24,219,684	\$ -	\$ -	\$ 24,219,684
Bonds	-	10,802,932	-	10,802,932
Exchange traded funds	2,488,206	-	-	2,488,206
Common stocks	1,835,710	-	-	1,835,710
Money market fund	-	337,949	-	337,949
Investments at fair value	<u>\$ 28,543,600</u>	<u>\$ 11,140,881</u>	<u>\$ -</u>	<u>\$ 39,684,481</u>

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.

7. Related Party Transactions

The Company is related through common ownership with the Trustee as significant shareholders of the Company are also significant shareholders of the Trustee. For the years ended December 31, 2020 and 2019 the Plan paid no administrative fees to the Trustee. The Company paid the Trustee fees which amounted to \$165,606 and \$156,619 for the years ended December 31, 2020 and 2019, respectively. These transactions qualify as exempt party-in-interest transactions under ERISA.

8. Federal Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated December 28, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Company and the Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt.

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 and 2019, 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.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities 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 the amounts reported in the Statements of Net Assets Available for Plan Benefits and the Statements of Changes in Net Assets Available for Plan Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

10. 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.

The Fidelity Bank Pension Plan
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN 56-0132040, Plan Number 001
December 31, 2020

		(c)				
		Description of Investment				
(b)		Including Maturity Date,			(e)	
Identity of Issue, Borrower,		Rate of Interest, Collateral,			(d)	Current
(a)	Lessor or Similar Party	Par or Maturity Value			Cost	Value
Mutual Funds						
Artisan International	Artisan International Small-Mid Fund				\$ 172,443	\$ 261,801
Ashmore	Ashmore Emerging Markets Active				509,739	630,958
Ballie Gifford	Ballie Gifford Emerging Markets				443,040	596,849
Blackrock	Blackrock Mid-Cap Growth Equity				236,416	344,843
Carillon	Carillon Clarivest Capital				762,881	954,189
Cohen & Steers	Cohen & Steers Real Estate				182,269	206,009
Columbia	Columbia Select Large Cap Value				728,579	780,803
Diamond Hill	Diamond Hill Large Cap Fund Class Y				580,319	629,815
Federated Hermes	Federated Hermes Mdt Small Cap Core				174,198	240,305
Fidelity	Fidelity Mid Cap Growth Index Fund				1,173,744	1,452,241
Fidelity	Fidelity Mid Cap Value Index Fund				1,711,822	2,122,498
Goldman Sachs	Goldman Sachs Emerging Markets				397,861	480,167
Goldman Sachs	Goldman Sachs International Small				276,044	332,784
Ishares	Ishares Msci Eafe International				1,283,063	1,391,319
Jackson Square	Jackson Square Smid-Cap Growth				176,356	296,488
Lazard	Lazard International Equity Inst				811,667	914,110
Mainstay	Mainstay Cbre Global Infrastructure				181,525	194,447
MFS	MFS Mid Cap Value R6 #4837				427,292	531,411
Morgan Stanley	Morgan Stanley Inst Growth Ir #8708				442,020	800,854
Nuance	Nuance Mid Cap Value Fund				389,256	421,704
Nuveen Global	Nuveen Global Infrastructure Fund				189,028	204,327
Pear Tree	Pear Tree Polaris Fgn Val Sm Cap R6				212,955	240,933
Pear Tree	Pear Tree Polaris Foreign Value Fund				1,030,984	1,138,754
PIMCO	PIMCO Stocksplus International				568,623	858,753
PIMCO	PIMCO Stocksplus Small Fund - Inst				219,501	311,124
Principal	Principal Real Estate Securities				263,170	291,022
T Rowe Price	T Rowe Price Emerging Markets Stock				415,813	533,335
T Rowe Price	T Rowe Price Institutional Large-Cap				742,064	971,990
T Rowe Price	T Rowe Price Mid-Cap Growth Fund				255,504	340,760
TIAA-CREF	Tiaa-Cref Emerging Markets Equity				595,699	744,157
Vanguard	Vanguard Equity Income Fund				644,259	678,045
WCM	WCM Focused International Growth				722,334	1,086,363
Wells Fargo	Wells Fargo Special Mid Cap Value				373,673	467,340
					\$ 17,294,141	\$ 21,450,498
Bonds						
U.S. Government	United States Treasury Note	400,000	0.625	8/15/2030	\$ 397,984	\$ 390,064
U.S. Government	United States Treasury Note	515,000	1.500	3/31/2023	512,089	530,733
U.S. Government	United States Treasury Note	245,000	1.500	8/15/2026	224,574	259,482
U.S. Government	United States Treasury Note	366,000	1.875	8/31/2022	367,922	376,636
U.S. Government	United States Treasury Note	569,000	2.000	8/15/2025	595,215	613,052
U.S. Government	United States Treasury Note	290,000	2.125	5/15/2025	292,865	313,087
U.S. Government	United States Treasury Note	680,000	2.250	11/15/2024	697,329	732,754
U.S. Government	United States Treasury Note	175,000	2.375	5/15/2027	174,274	195,246
U.S. Government	United States Treasury Note	400,000	2.375	5/15/2029	425,367	452,128
Abbvie Inc Sr Gbl	Corporate Bond	125,000	3.200	11/21/2029	124,969	140,088
Altria Group Inc Nt Accd Invs	Corporate Bond	115,000	4.750	5/5/2021	119,278	116,657
American Express Co Sr Gbl	Corporate Bond	125,000	2.500	8/1/2022	129,943	128,971
American Honda Fin Corp Mtn Fr	Corporate Bond	300,000	0.650	9/8/2023	301,386	301,896
At&T Inc Sr Gbl	Corporate Bond	125,000	4.100	2/15/2028	120,970	146,958
Bank Amer Corp Fr	Corporate Bond	50,000	4.000	4/1/2024	53,061	55,503
Bayer Us Fin Llc Sr 144A Nt	Corporate Bond	259,000	3.000	10/8/2021	265,695	263,411

The Fidelity Bank Pension Plan
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN 56-0132040, Plan Number 001
December 31, 2020

		(c)						
(b)		Description of Investment					(e)	
Identity of Issue, Borrower,		Including Maturity Date,					Current	
(a)	Lessor or Similar Party	Rate of Interest, Collateral,			(d)	Cost	Value	
Bonds								
	Becton Dickinson & Co Sr Gbl	Corporate Bond	100,000	3.700	6/6/2027	\$ 100,708	\$	114,761
	Boeing Co	Corporate Bond	225,000	2.700	44,682	228,447		231,327
	Bristol Myers Squibb Co Sr Gbl Nt	Corporate Bond	225,000	2.250	8/15/2021	226,683		227,448
	Chevron Phillips Chem Co Llc Sr 144A	Corporate Bond	100,000	3.400	12/1/2026	105,571		112,405
	Chevron Phillips Chem Co Llc Sr Gbl	Corporate Bond	100,000	3.700	6/1/2028	100,214		114,262
	Citigroup Inc Fr	Corporate Bond	148,000	3.875	10/25/2023	153,803		162,753
	Comcast Corp New Sr Nt	Corporate Bond	150,000	4.150	10/15/2028	151,900		180,566
	Credit Suisse Ag New York Bran Sr Nt	Corporate Bond	40,000	2.100	11/12/2021	40,743		40,618
	Credit Suisse Ag New York Fr	Corporate Bond	150,000	3.000	10/29/2021	154,211		153,287
	Cvs Health Corp	Corporate Bond	100,000	4.300	3/25/2028	113,434		118,996
	Deutsche Telekom Intl Fin B V Sr	Corporate Bond	120,000	2.820	1/19/2022	119,747		122,629
	Disney Walt Co Sr Gbl Nt	Corporate Bond	109,000	4.000	10/1/2023	111,356		119,272
	Dominion Res Inc Va New Sr Nt 2017	Corporate Bond	175,000	2.750	1/15/2022	174,412		178,791
	Edf S A Sr 144A	Corporate Bond	150,000	4.500	9/21/2028	148,182		178,925
	Enterprise Prods Oper Llc Sr Gbl	Corporate Bond	225,000	2.800	2/15/2021	227,239		225,635
	Erac Usa Finance Company Sr Gbl	Corporate Bond	167,000	3.850	11/15/2024	170,767		185,687
	Federal Natl Mtg Assn	Corporate Bond	162,000	2.625	9/6/2024	166,030		176,258
	Georgia Pac Corp Sr 144A Nt	Corporate Bond	215,000	0.625	5/15/2024	215,133		215,705
	Goldman Sachs Group Inc Sr Nt	Corporate Bond	130,000	3.500	11/16/2026	133,125		145,943
	Heineken N V Sr 144A Nt	Corporate Bond	110,000	2.750	4/1/2023	106,917		115,398
	International Business Machs Sr Gbl	Corporate Bond	200,000	3.000	5/15/2024	216,736		216,656
	Jpmorgan Chase & Co Fr	Corporate Bond	175,000	3.125	1/23/2025	172,006		191,671
	Keybank National Association Sr Gbl	Corporate Bond	250,000	1.250	3/10/2023	253,727		254,898
	L Air Liquide Sr 2021 144A	Corporate Bond	45,000	1.750	9/27/2021	45,590		45,424
	Lockheed Martin Corp Sr Nt	Corporate Bond	64,000	3.350	9/15/2021	67,441		65,345
	Morgan Stanley Sr Nt Ser F	Corporate Bond	151,000	3.875	4/29/2024	156,868		167,281
	New York Life Gbl Fdg Mtn 144A Sr	Corporate Bond	175,000	1.100	5/5/2023	177,205		178,052
	Raytheon Technologies Corp Gbl Nt	Corporate Bond	58,000	3.150	12/15/2024	61,606		63,006
	Schlumberger Finance Sr 144A Nt	Corporate Bond	225,000	2.650	11/20/2022	230,245		233,393
	Shell International Fin Bv Sr Gbl	Corporate Bond	150,000	2.875	5/10/2026	150,035		165,894
	Sherwin Williams Co Sr Gbl Nt	Corporate Bond	50,000	2.750	6/1/2022	50,357		51,593
	Southern Calif Edison Co 1M Bd 2015B	Corporate Bond	91,000	2.400	2/1/2022	92,630		92,533
	Suntory Holdings Ltd Sr Gbl 144A	Corporate Bond	110,000	2.550	6/28/2022	109,645		113,028
	Total Capital Sr Gbl Nt	Corporate Bond	98,000	2.750	6/19/2021	99,876		99,143
	Unitedhealth Group Inc Sr Nt	Corporate Bond	100,000	2.000	5/15/2030	101,726		106,069
	Volkswagen Group Amer Fin Llc Sr	Corporate Bond	125,000	4.000	11/12/2021	129,649		128,816
	Vulcan Matls Co Sr Gbl	Corporate Bond	120,000	3.900	4/1/2027	120,414		139,894
	Wells Fargo & Co New Medium Term Sr	Corporate Bond	200,000	3.500	3/8/2022	208,534		207,352
	Wells Fargo & Co New Medium Term Sr	Corporate Bond	72,000	3.000	1/22/2021	72,862		72,094
	Wells Fargo Bank Natl Assn Sr Gbl	Corporate Bond	25,000	2.600	1/15/2021	25,194		25,016
	Westrock Co Sr Gbl Nt	Corporate Bond	125,000	3.000	9/15/2024	121,338		134,594
	Williams Partners L P Sr Gbl	Corporate Bond	45,000	4.300	3/4/2024	45,041		49,580
						\$ 10,460,268	\$	10,938,664
Exchange Traded Funds								
	Ishares	Ishares Russell Top 200 Growth Etf				\$ 3,511,198	\$	4,160,693
	Ishares	Ishares Russell Top 200 Value Etf				2,682,604		3,121,563
	Proshares	Proshares Tr Dj Brookfield Global				92,975		95,282
	SPDR	Spdr Ser Tr S&P Oil & Gas Expl &				26,172		19,890
	SPDR	Spdr Series Tr S&P Pharmaceuticals				11,725		16,972
	Vanguard	Vanguard Scottsdale Fds Vng				356,406		445,371
						\$ 6,681,080	\$	7,859,771

The Fidelity Bank Pension Plan
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN 56-0132040, Plan Number 001
December 31, 2020

(c)				
(b)		Description of Investment		(e)
Identity of Issue, Borrower,		Including Maturity Date,		Current
(a)	Lessor or Similar Party	Rate of Interest, Collateral,	(d)	Value
		Par or Maturity Value	Cost	
Common Stocks				
	Abbott Laboratories	225 shares	\$ 13,387	\$ 24,635
	Abbvie Inc	134 shares	12,260	14,358
	Accenture PLC Class A Ordinary	110 shares	19,244	28,733
	Allstate Corp	134 shares	10,542	14,731
	Alphabet Inc Cap Stock Class A	34 shares	42,487	59,590
	Alphabet Inc Cap Stock Class C	31 shares	34,712	54,308
	Amazon.Com Inc	30 shares	38,317	97,708
	Ameren Corp	147 shares	8,133	11,475
	Anthem Inc	48 shares	8,012	15,412
	Apple Inc	1,226 shares	46,678	162,678
	Applied Mtl's Inc	297 shares	11,875	25,631
	Archer Daniels Midland Co	338 shares	13,807	17,039
	At&T Inc	592 shares	20,956	17,026
	Bank Of America Corp	637 shares	15,251	19,307
	Berkshire Hathaway Inc Class B	192 shares	38,746	44,519
	Boeing Co	86 shares	24,776	18,409
	Cbre Group Inc Class A	295 shares	11,974	18,502
	Cintas Corp	50 shares	10,442	17,673
	Cisco Sys Inc	748 shares	25,818	33,473
	Cme Group Inc	77 shares	10,737	14,018
	Coca Cola Co	566 shares	27,379	31,039
	Comcast Corp Class A	547 shares	16,928	28,663
	Costco Whsl Corp	40 shares	8,453	15,071
	Crown Castle Intl Corp	74 shares	11,522	11,780
	Duke Energy Corp	176 shares	15,561	16,115
	Eastman Chem Co	223 shares	13,801	22,362
	Eaton Corp PLC	175 shares	14,044	21,025
	Ecolab Inc	67 shares	8,129	14,496
	Equinix Inc	15 shares	9,847	10,713
	Extra Space Storage Inc	129 shares	12,515	14,946
	Facebook Inc Class A	221 shares	34,406	60,368
	Fiserv Inc	125 shares	7,958	14,233
	Freeport-Mcmoran Inc Class B	1,082 shares	8,159	28,154
	Home Depot Inc	127 shares	18,099	33,734
	Idexx Laboratories Inc	47 shares	11,042	23,494
	Intel Corp	386 shares	16,720	19,231
	Intuit	58 shares	11,596	22,031
	Johnson & Johnson	229 shares	27,330	36,040
	Jpmorgan Chase & Co	315 shares	31,791	40,027
	Lam Resh Corp	59 shares	10,512	27,864
	Lowes Cos Inc	140 shares	14,098	22,471
	Marathon Pete Corp	500 shares	19,390	20,680
	Mastercard Inc Class A	103 shares	23,000	36,765
	Maxim Integrated Prods Inc	228 shares	12,977	20,212
	Mcdonalds Corp	95 shares	15,315	20,385
	Medtronic PLC	200 shares	21,586	23,428
	Merck & Co Inc	316 shares	25,059	25,849
	MGM Resorts International	728 shares	9,690	22,939
	Microsoft Corp	605 shares	59,618	134,564
	Mondelez Intl Inc	274 shares	11,375	16,021
	Morgan Stanley	352 shares	16,040	24,123
	Netflix Inc	31 shares	11,498	16,763

The Fidelity Bank Pension Plan
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN 56-0132040, Plan Number 001
December 31, 2020

		(c)		
		Description of Investment		
(b)	(c)	(d)	(e)	
Identity of Issue, Borrower,	Including Maturity Date,	Rate of Interest, Collateral,	(d)	(e)
(a)	Lessor or Similar Party	Par or Maturity Value	Cost	Current Value
Common Stocks				
Nielsen Hldgs PLC	1,275 shares	\$ 17,594	\$ 26,609	
Nisource Inc	502 shares	12,056	11,516	
Nvidia Corp	35 shares	9,150	18,277	
Pepsico Inc	186 shares	25,172	27,584	
Pfizer Inc	699 shares	25,521	25,730	
Procter & Gamble Co	249 shares	23,399	34,646	
Quest Diagnostics Inc	111 shares	11,131	13,228	
Regions Financial Corp	1,754 shares	20,696	28,275	
Republic Svcs Inc	136 shares	8,703	13,097	
Snap On Inc	99 shares	13,282	16,943	
Target Corp	145 shares	10,828	25,597	
Tesla, Inc	32 shares	20,350	22,581	
Thermo Fisher Corp	66 shares	14,378	30,741	
Trane Technologies PLC	137 shares	11,286	19,887	
Union Pac Corp	117 shares	18,883	24,362	
Unitedhealth Group Inc	91 shares	18,909	31,912	
Verisign Inc	65 shares	11,936	14,066	
Verizon Communications Inc	336 shares	18,211	19,740	
Vertex Pharmaceuticals Inc	86 shares	22,934	20,325	
Visa Inc Com Class A	160 shares	21,445	34,997	
Waste Management Inc	119 shares	9,904	14,032	
		\$ 1,319,360	\$ 2,058,956	
Money Market Funds				
Federated Hermes	Government Obligations Fund	\$ 1,042,326	\$ 1,042,326	
US Government	US Treasury Bill Dated 3/25/21	948,925	949,111	
		\$ 1,991,251	\$ 1,991,437	
		\$ 37,746,100	\$ 44,299,326	

The Fidelity Bank Pension Plan
Schedule of Reportable Transactions
Schedule H, Line 4j
EIN 56-0132040, Plan Number 001
Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	Number of Transactions	(g) Cost of Asset	(h) Current	(i) Net Gain (Loss)
						Value of Asset on Transaction Date	
Category (iii) - Series of Transactions in excess of five percent of beginning plan assets:							
Federated	Government Obligation Fund	21,266,660	-	151	21,266,660	21,266,660	-
Federated	Government Obligation Fund	-	20,562,284	53	20,562,284	20,562,284	-
Fidelity	Fidelity Mid Cap Value Index Fund	1,989,367	-	6	1,989,367	1,989,367	-
Fidelity	Fidelity Mid Cap Value Index Fund	-	327,561	2	277,545	327,561	50,016
Fidelity	Fidelity Mid Cap Growth Index Fund	2,389,517	-	8	2,389,517	2,389,517	-
Fidelity	Fidelity Mid Cap Growth Index Fund	-	1,502,822	3	1,215,773	1,502,822	287,049
Fidelity	Fidelity Large Cap Value Index Fund	697,294	-	4	697,294	697,294	-
Fidelity	Fidelity Large Cap Value Index Fund	-	2,699,529	5	2,771,721	2,699,529	(72,192)
Fidelity	Fidelity Large Cap Growth Index Fund	344,791	-	6	344,791	344,791	-
Fidelity	Fidelity Large Cap Growth Index Fund	-	2,855,144	5	2,118,339	2,855,144	736,805
Ishares	Ishares Russell Mid Cap Growth ETF	1,489,617	-	2	1,489,617	1,489,617	-
Ishares	Ishares Russell Mid Cap Growth ETF	-	2,475,174	3	2,528,094	2,475,174	(52,920)
Ishares	Ishares Russell Top 200 Value ETF	3,224,546	-	4	3,224,546	3,224,546	-
Ishares	Ishares Russell Top 200 Value ETF	-	604,151	2	541,941	604,151	62,210
Ishares	Ishares Top 200 Growth ETF	4,113,911	-	3	4,113,911	4,113,911	-
Ishares	Ishares Top 200 Growth ETF	-	647,710	3	602,713	647,710	44,997
JP Morgan	JP Morgan Value Advantage Fund	404,602	-	3	404,602	404,602	-
JP Morgan	JP Morgan Value Advantage Fund	-	1,742,177	5	1,789,807	1,742,177	(47,630)
Vanguard	Vanguard Equity Income Fund	1,405,228	-	8	1,405,228	1,405,228	-
Vanguard	Vanguard Equity Income Fund	-	720,833	7	760,969	720,833	(40,136)

Columns (e) and (f) are not applicable.
No category (i), (ii), or (iv) transactions.