

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	--

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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) <u>FIRST CITIZENS COMMUNITY BANK</u></p> <p><u>15 SOUTH MAIN STREET</u> <u>MANSFIELD, PA 16933-1507</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1965</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>24-0652238</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>570-662-2121</u></p> <p><b>2d</b> Business code (see instructions) <u>522110</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/29/2025	STEPHEN GUILLAUME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/29/2025	STEPHEN GUILLAUME
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	130
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	51
	<b>6a(2)</b>	42
	<b>6b</b>	44
	<b>6c</b>	30
	<b>6d</b>	116
	<b>6e</b>	6
	<b>6f</b>	122
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C

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

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

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

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan <u>FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FIRST CITIZENS COMMUNITY BANK</u>	<b>D</b> Employer Identification Number (EIN) <u>24-0652238</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>11662108</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>12074534</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>47</u>	<u>2238099</u>
	<b>b</b> For terminated vested participants .....	<u>33</u>	<u>957065</u>
	<b>c</b> For active participants .....	<u>51</u>	<u>6046356</u>
	<b>d</b> Total .....	<u>131</u>	<u>9241520</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.03 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>304058</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>304058</u>

**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.

<b>SIGN HERE</b>  <u>AMANDA P. BROCK</u> Signature of actuary  <u>SAGEVIEW CONSULTING GROUP</u> Type or print name of actuary  <u>4600 COX ROAD, STE 350</u> <u>GLEN ALLEN, VA 23060</u>  Address of the firm	<u>07/29/2025</u> Date  <u>23-08407</u> Most recent enrollment number  <u>804-523-1684</u> Telephone number (including area code)
--	--

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1987095
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1987095
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.18</u> % .....	0	202286
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	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>5.08</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	2189381

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	106.96 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	130.65 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	114.94 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0
<b>20</b> Quarterly contributions and liquidity shortfalls:			
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	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:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

**b** Applicable month (enter code) ..... **21b** 0

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  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.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  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**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	304058
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	304058

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		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** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	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 the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIRST CITIZENS COMMUNITY BANK</b>	<b>D</b> Employer Identification Number (EIN) <b>24-0652238</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>BAIRD FUNDS</b>	<b>US BANK GLOBAL FUND SERVICES, LLC</b> <b>P.O. BOX 219252</b> <b>KANSAS CITY, MO 64121-9252</b>
--------------------	---

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

<b>ISHARES</b>	<b>400 HOWARD ST.</b> <b>SAN FRANCISCO, CA 94105</b>
----------------	---

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

<b>MFS SERVICE CENTER, INC.</b>	<b>P.O. BOX 219341</b> <b>KANSAS CITY, MO 64121</b>
---------------------------------	--

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

<b>PIMCO FUNDS</b>	<b>P.O. BOX 219294</b> <b>KANSAS CITY, MO 64121-9294</b>
--------------------	---

---

---

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

THE FEDERATED HERMES FUNDS

P.O. BOX 219318  
KANSAS CITY, MO 64121-9318

---

---

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

VANGUARD

P.O. BOX 982902  
EL PASO, TX 79998-2902

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

**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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIRST CITIZENS COMMUNITY BANK</b>	<b>D</b> Employer Identification Number (EIN) <b>24-0652238</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	25005
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	310829
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2465715
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	5162108
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3025087
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	746157	737182
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	11661876	11725926
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11661876	11725926

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	0	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	12743	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	1063	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	67651	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		81457
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	115486	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	98001	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		213487
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1985376	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1902564	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		82812
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	697995	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		697995

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		11364
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1087115

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1023065	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1023065
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1023065

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		64050
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **LARSON, KELLETT, & ASSOCIATES, P.C.**

(2) EIN: **23-2723863**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</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.)		X	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 544504.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRST CITIZENS COMMUNITY BANK</u>	<b>D</b> Employer Identification Number (EIN) <u>24-0652238</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 25-1720998

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

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

3		7
---	--	---

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

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

**FIRST CITIZENS COMMUNITY BANK  
ACCOUNT BALANCE PENSION PLAN  
FINANCIAL STATEMENTS  
FOR THE YEARS ENDED  
DECEMBER 31, 2024 AND 2023**

## TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	2-5
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Statements of Accumulated Plan Benefits	8
Statements of Changes in Accumulated Plan Benefits	9
Notes to Financial Statements	10-16
SUPPLEMENTAL SCHEDULES:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	17-20
Schedule H, Line 4j - Schedule of Reportable Transactions	21



**INDEPENDENT AUDITORS' REPORT**

Plan Administrator  
First Citizens Community Bank Account Balance Pension Plan  
Mansfield, Pennsylvania:

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the financial statements of First Citizens Community Bank Account Balance Pension Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of First Citizens Community Bank Account Balance Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of First Citizens Community Bank Account Balance Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about First Citizens Community Bank Account Balance Pension Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the First Citizens Community Bank Account Balance Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about First Citizens Community Bank Account Balance Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion on whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matters - Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves,

and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including the form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Larson, Kelleth & Associates, PC*

Montoursville, Pennsylvania  
July 22, 2025

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023

---

	2024	2023
ASSETS:		
INVESTMENTS AT FAIR VALUE	\$11,700,921	\$11,637,447
ACCRUED INTEREST AND DIVIDENDS	<u>25,005</u>	<u>24,429</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$11,725,926</u>	<u>\$11,661,876</u>

---

See Notes to Financial Statements

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME:		
Net appreciation in fair value of investments	\$ 797,022	\$ 825,276
Interest and dividends	<u>290,093</u>	<u>288,031</u>
Total investment income	1,087,115	1,113,307
DEDUCTIONS FROM NET ASSETS,		
Benefits paid to participants	<u>1,023,065</u>	<u>786,726</u>
Net increase	64,050	326,581
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>11,661,876</u>	<u>11,335,295</u>
End of year	<u>\$11,725,926</u>	<u>\$11,661,876</u>

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
STATEMENTS OF ACCUMULATED PLAN BENEFITS  
DECEMBER 31, 2024 AND 2023

	2024	2023
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
VESTED BENEFITS:		
Participants currently receiving payments	\$2,378,453	\$1,948,466
Other participants	<u>5,651,595</u>	<u>6,354,255</u>
Total vested benefits	8,030,048	8,302,721
NONVESTED BENEFITS	_____	_____
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$8,030,048</u>	<u>\$8,302,721</u>

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$8,302,721</u>	<u>\$8,117,502</u>
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTED TO:		
Benefits accumulated and increase for interest	750,392	921,851
Benefits paid	(1,023,065)	(786,726)
Change in actuarial assumptions	<u>50,094</u>	<u>50,094</u>
Net increase (decrease)	<u>(272,673)</u>	<u>185,219</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$8,030,048</u>	<u>\$8,302,721</u>

**FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

**1. DESCRIPTION OF THE PLAN:**

The following description of First Citizens Community Bank Account Balance Pension Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a noncontributory cash balance plan covering substantially all employees of First Citizens Community Bank (Company). Effective January 1, 2008, a hypothetical account is maintained for each participant in which contributions are credited for the benefit of the individual. Participants who were actively employed on December 31, 2007 were credited with a lump-sum opening balance equivalent to the present value of accrued pension benefit under the Plan's prior benefit provisions. The Plan provides for retirement, death, disability and termination benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Participants' Accounts**

Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated compensation credits and interest credits annually. The compensation credits are allocated based on a percentage of the participants' certified compensation as defined in the plan document. The applicable percentage ranges from 3.0% to 8.0% and is based on the participants' age plus years of credited service (as defined in the plan document). Age and credited service are determined each calendar year.

Participants' hypothetical accounts also receive annual interest credits. The amount of the interest credit is equal to the rate of interest on the average of the yield on 12-month Treasury Bills for the four weeks preceding the first day of each plan year plus 100 basis points. The annual interest credit will be calculated at a rate that is not greater than market rate of return as defined in the Internal Revenue Code and not less than 2.7%. As of December 31, 2024 and 2023, the interest rate was 5.95% and 5.69%, respectively.

**Pension Benefits**

Employees with 3 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). If the participant retires as of his normal retirement date, their pension benefit will equal the participant's cash balance account which is equal to the accumulated value of their opening account balance, annual allocation and interest credit. The Plan permits early retirement after attainment of age 55 and completion of 15 years of vesting service or after attainment of age 62 and completion of 10 years of vesting service. Employees may elect to receive their pension benefits in the form of a joint or survivor annuity or a lump sum. If employees terminate before rendering 3 years of service, they forfeit the right to receive accumulated plan benefits.

**FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

**Death and Disability Benefits**

In the event of the death of a vested participant prior to their termination of employment, their surviving spouse will receive the participant's vested cash account balance as determined by the Plan. If the employment of a participant terminates due to a disability, the participant shall receive a benefit equal to the participant's vested cash account balance.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

**Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**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 investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Mutual fund capital gain distributions are classified as dividends in the statements of changes in net assets available for benefits. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits**

Benefit payments, including payments to participants and direct rollovers to other retirement plan accounts, are recorded upon distribution.

**Administrative Expenses**

Administrative expenses of the Plan were absorbed by the Company.

**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)

**FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

---

retired 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 the participant's cash account balance. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, SageView Consulting Group, 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 death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were as follows:

	<u>2024</u>	<u>2023</u>
Investment return	7.0%	7.0%
Salary increases	3.0%	3.0%
Discount rate	5.25%	4.5%
Interest credit for cash balance account	3.5%	3.5%
Life expectancy of participants	Pri-2012 Amount- Weighted Mortality Table with scale MP-2021	Pri-2012 Amount- Weighted Mortality Table with scale MP-2021
Average retirement age	Normal retirement age	Normal retirement age

The foregoing 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.

**3. FUNDING POLICY:**

The Plan is funded entirely by the Company. The Company shall contribute an amount as determined by the Plan's actuary of not less than the amount required to satisfy the minimum funding standards as prescribed by ERISA. The Company did not make a contribution in 2024 and 2023 as the minimum funding requirement was zero.

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.

**4. PLAN TERMINATION:**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide benefits in the order indicated:

- (a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest

**FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.

- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- (c) All other vested benefits (that is, vested benefits not insured by PBGC).
- (d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and survivor's pensions. However, the PBGC does not guaranty all types of benefits under the Plan, and the amount of benefit protection 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

**5. TRUSTEE:**

The Company, the plan sponsor, has physical and administrative control of the Plan's assets and is responsible for their safekeeping and investment and other transactions as directed by the plan administrator.

**6. FAIR VALUE MEASUREMENTS:**

The Plan records or discloses certain of its assets and liabilities at fair value. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Fair value measurements are classified within one of three levels in the valuation hierarchy based upon the observability of inputs to the valuation of an asset or liability as of the measurement date. The three levels of the fair value hierarchy are described as follows:

Level 1: Quoted prices are available in active markets for identical assets or liabilities as of the reported date.

Level 2: Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reported date. The nature of these assets and liabilities include items for which quoted prices are available but traded less frequently, and items that are fair valued using

**FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN**  
NOTES TO FINANCIAL STATEMENTS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

---

other financial instruments, the parameters of which can be directly observed.

Level 3: Assets and liabilities that have little to no pricing observability as of the reported date. These items do not have two-way markets and are measured using management's best estimate of fair value, where the inputs into the determination of fair value require significant management judgment or estimation.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Transfers of financial instruments between levels within the fair value hierarchy are recognized on the date management determines that the underlying circumstances or assumptions have changed.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Money market funds:* Valued at cost which approximates fair value due to their short-term nature.

*Common stock:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing 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, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

*U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair 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.

**FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

---

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2024 and 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2024:				
Money market funds	\$ 310,829			\$ 310,829
Common stock	5,899,290			5,899,290
Corporate bonds		\$2,465,715		2,465,715
Mutual funds	<u>3,025,087</u>			<u>3,025,087</u>
Investments at fair value	<u>\$9,235,206</u>	<u>\$2,465,715</u>	<u>\$</u>	<u>\$11,700,921</u>
December 31, 2023:				
Money market funds	\$ 378,849			\$ 378,849
Common stock	5,633,757			5,633,757
Corporate bonds		\$2,151,740		2,151,740
U.S. government securities		48,781		48,781
Mutual funds	<u>3,424,320</u>			<u>3,424,320</u>
Investments at fair value	<u>\$9,436,926</u>	<u>\$2,200,521</u>	<u>\$</u>	<u>\$11,637,447</u>

**7. TAX STATUS:**

The Plan has received a favorable determination letter from the Internal Revenue Service (IRS) dated April 21, 2015 stating that the Plan and related trust meet the requirements under section 401(a) of the Internal Revenue Code (IRC) and is exempt from federal income tax. The plan administrator believes the Plan is currently being operated in accordance with the IRC.

Accounting principles generally accepted in the United States of America require 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, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**8. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS:**

Certain Plan assets are invested in common stock of Citizens Financial Services, Inc. which owns 100% of the Company, the plan sponsor. Plan holdings of employer securities amounted to 11,644 and 11,529 shares with a fair value of \$737,182 and \$746,157 as of December 31, 2024 and 2023, respectively.

Plan assets consist of a money market account at First Citizens Community Bank, the Plan's trustee. Amounts on deposit with the trustee as of December 31, 2024 and 2023 amounted to \$310,829 and \$378,849, respectively.

**FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

---

**9. RISKS AND UNCERTAINTIES:**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit. 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 such changes could materially affect the amounts reported in the statements of net assets available for 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. INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED):**

At December 31, 2024 and 2023, the Plan's investments were held by the Company, the trustee of the Plan. The following is a summary of the Plan's financial statements based on information certified by the Company as complete and accurate in accordance with Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The investments and accrued interest and dividends at December 31, 2024 and 2023, as reported by the Company, is summarized as follows:

	<u>2024</u>	<u>2023</u>
Investments	\$11,700,921	\$11,637,447
Accrued interest and dividends	25,005	24,429

The related investment activity for the years ended December 31, 2024 and 2023, as reported by the Company, is summarized below:

	<u>2024</u>	<u>2023</u>
Net appreciation in fair value of investments	\$797,022	\$825,276
Interest and dividends	290,093	288,031

The Company also certified information included in the supplemental schedule of assets held at end of year as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024.

**11. SUBSEQUENT EVENTS:**

Subsequent events have been evaluated through July 22, 2025, which is the date the financial statements were available to be issued.

**FIRST CITIZENS COMMUNITY BANK  
ACCOUNT BALANCE PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
INVESTMENTS:				
CASH:				
*	First Citizens Community Bank Money Market Investors	310,829 shares	\$310,829	\$310,829
COMMON STOCK:				
	AbbVie Inc.	250 shares	28,779	44,425
	Adobe Systems Inc.	325 shares	105,166	144,521
	Alphabet Inc. Class A	2,000 shares	51,377	378,600
	Amazon.com Inc.	1,400 shares	127,930	307,146
	Apple Inc.	1,750 shares	10,110	438,235
	Applied Materials Inc.	300 shares	42,335	48,789
	Bank of America Corp. Com	1,000 shares	32,637	43,950
	BlackRock Inc.	160 shares	52,535	164,018
	Cadence Design Systems Inc.	500 shares	78,210	150,230
	Chevron Corp.	968 shares	40,302	140,205
	Cisco Systems Inc.	1,500 shares	76,248	88,800
*	Citizens Financial Services Inc.	11,644 shares	76,991	737,182
	Deere & Co.	75 shares	30,010	31,777
	EOG Resources, Inc.	350 shares	47,009	42,903
	Freeport-McMoRan Inc.	750 shares	21,134	28,560
	General Dynamics	150 shares	33,397	39,523
	Honeywell International Inc.	800 shares	76,857	180,712
	Illinois Tool Works Inc. Com	150 shares	38,236	38,034
	JP Morgan Chase & Co.	425 shares	49,181	101,877
	Jacobs Solutions Inc.	175 shares	15,524	23,383
	Johnson & Johnson	1,305 shares	101,521	188,729
	McDonalds Corp. Com	560 shares	22,389	162,338
	Medtronic Inc.	1,345 shares	76,232	107,439
	Meta Platforms Inc.	175 shares	55,767	102,464
	Merck & Co.	400 shares	35,259	39,792
	Microsoft Corp. Com	850 shares	21,302	358,275
	Morgan Stanley	500 shares	48,274	62,860
	NVIDIA Corp.	1,200 shares	118,776	161,148
	NextEra Energy	450 shares	37,727	32,260

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Oracle Corp. Com	300 shares	\$ 36,542	\$ 49,992	
Palo Alto Networks Inc.	300 shares	51,901	54,588	
Paychex Inc.	1,000 shares	38,863	140,220	
Pepsico Inc.	1,000 shares	66,558	152,060	
Pfizer Inc.	3,835 shares	111,647	101,743	
Procter & Gamble Co.	1,400 shares	126,351	234,710	
Southern Co.	750 shares	36,634	61,740	
Starbucks	1,000 shares	67,820	91,250	
Tesla	200 shares	45,964	80,768	
Texas Instruments Inc.	300 shares	50,576	56,253	
Uber Technologies	500 shares	34,144	30,160	
United Health Group	350 shares	85,862	177,051	
United Parcel Service	450 shares	44,785	56,745	
US Bancorp Del Com New	1,385 shares	54,693	66,245	
Visa Inc.	250 shares	48,805	79,010	
Walmart Inc.	500 shares	31,784	45,175	
Walt Disney Co.	300 shares	<u>39,026</u>	<u>33,405</u>	
Total common stock		<u>2,523,170</u>	<u>5,899,290</u>	
CORPORATE BONDS:				
3M Co.	2.25% due 9/19/26, par value \$75,000	71,507	72,059	
Air Products	1.85% due 5/15/27, par value \$100,000	88,639	94,061	
American Honda Finance	4.60% due 7/17/30, par value \$100,000	102,113	98,143	
Apple Inc.	2.05% due 9/11/26, par value \$75,000	77,618	72,203	
BHP Finance	5.25% due 9/8/30, par value \$75,000	75,710	76,238	
BP Capital Markets	3.723% due 11/28/28, par value \$100,000	98,808	96,388	
Bank of New York	3.00% due 2/24/25, par value \$75,000	74,344	74,835	
Bristol-Myers Squibb	3.90% due 2/20/28, par value \$75,000	75,503	73,434	
Cadence Design Systems	4.30% due 9/10/29, par value \$100,000	101,029	98,053	
Chevron Corp.	1.995% due 5/11/27, par value \$100,000	101,415	94,497	
Deere & Co.	1.70% due 1/11/27, par value \$75,000	67,564	70,878	
Exxon Mobil	2.44% due 8/16/29, par value \$100,000	86,117	91,462	
Home Depot	3.90% due 12/6/28, par value \$75,000	74,145	73,066	
Intel	2.45% due 11/15/29, par value \$50,000	44,524	43,865	
Intel	3.75% due 3/25/27, par value \$75,000	75,810	73,122	

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
JP Morgan Chase & Co.	3.125% due 1/23/25, par value \$75,000	\$ 74,733	\$ 74,922	
Kimberly-Clark	3.20% due 4/25/29, par value \$50,000	45,744	47,193	
Mastercard Inc.	2.00% due 3/3/25, par value \$100,000	95,567	99,600	
Morgan Stanley	3.625% due 1/20/27, par value \$50,000	49,569	49,077	
National Rural Utilities	5.00% due 2/7/31, par value \$50,000	49,825	50,433	
Nevada Power	3.70% due 5/1/29, par value \$50,000	47,989	47,704	
Oracle Corp.	2.95% due 5/15/25, par value \$75,000	74,885	74,477	
Pepsico Inc.	2.75% due 4/30/25, par value \$75,000	74,013	74,575	
Public Storage	1.85% due 5/1/28, par value \$75,000	65,268	68,508	
Royal Bank of Canada	1.15% due 7/14/26, par value \$50,000	43,848	47,526	
Schlumberger	2.65% due 6/26/30, par value \$75,000	67,184	66,867	
Schwab Corp.	0.90% due 3/11/26, par value \$100,000	97,547	95,718	
TJX Cos.	2.25% due 9/15/26, par value \$75,000	71,167	72,314	
Toronto-Dominion Bank	3.766% due 6/6/25, par value \$50,000	48,460	49,823	
Toyota Motor	5.25% due 9/11/28, par value \$75,000	74,248	76,082	
US Bancorp	2.375% due 7/22/26, par value \$100,000	95,878	96,678	
Visa Inc.	2.75% due 9/15/27, par value \$75,000	73,111	71,809	
Waste Management	4.95% due 7/3/31, par value \$100,000	<u>104,608</u>	<u>100,105</u>	
Total corporate bonds		<u>2,468,490</u>	<u>2,465,715</u>	
<b>MUTUAL FUNDS:</b>				
Baird	Short-Term Bond Fund	170,925	165,972	
Federated	Total Return Bond Fund	149,306	123,318	
Blackrock	iShares Core S&P 500 ETF	37,359	79,472	
Blackrock	iShares MSCI EAFE ETF	223,684	264,635	
Blackrock	iShares Russell 2000 Index	156,923	176,768	
Blackrock	iShare Core U.S. REIT ETF	171,146	193,421	
Blackrock	iShares S&P MidCap 400 ETF	206,782	623,100	
MFS	International Equity I	623,608	677,129	
Pimco	0-5 Year High Yield Corporate Bond ETF	335,965	309,144	
Vanguard	FTSE Emerging Markets ETF	211,741	220,200	
Vanguard	Interm-Term Treasury Index	96,317	94,716	
Vanguard	Short-Term Treasury Index	96,183	97,212	

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
 EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
	Total mutual funds	\$ 2,479,939	\$ 3,025,087	
	<b>TOTAL INVESTMENTS</b>	<b>\$ 7,782,428</b>	<b>\$ 11,700,921</b>	

**FOOTNOTE**

\* Party-in-interest as defined by ERISA

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
* First Citizens Community Bank	Money Market Fund	<u>\$ 1,518,038</u>	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$1,518,038</u>	<u>\$1,518,038</u>	<u>\$ _____</u>
* First Citizens Community Bank	Money Market Fund	<u>\$ _____</u>	<u>\$ 1,586,058</u>	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$1,586,058</u>	<u>\$1,586,058</u>	<u>\$ _____</u>

FOOTNOTE

\* Party-in-interest as defined by ERISA.

Schedule SB, Line 26 - Schedule of Active Participant Data

***APPENDIX I. SUMMARY OF PLAN PARTICIPANTS (continued)***

---

**C. Age and Service Distribution**

Age as of 01/01/2024	Years of Service						Total
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 & Over	
20 - 24	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0
35 - 39	0	0	0	0	0	0	0
40 - 44	0	0	0	3	3	0	6
45 - 49	0	0	0	1	2	0	3
50 - 54	0	0	0	2	5	4	11
55 - 59	0	0	0	1	3	10	14
60 - 64	0	0	0	1	8	6	15
65 & Over	0	0	0	0	0	2	2
Totals	0	0	0	8	21	22	51

Average Age: 56.16

Average Service: 26.51

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

***APPENDIX III. SUMMARY OF ACTUARIAL ASSUMPTIONS AND METHODS***

---

**A. Interest Assumptions for Funding Calculations**

1. Segment Rates used to calculate Funding Target
  - a. Segment 1 4.75% per year for first 5 years
  - b. Segment 2 4.96% per year for next 15 years
  - c. Segment 3 5.59% per year after 20 years
2. Effective Rate of Interest 5.03% per year
3. Segment Rates used to calculate Funding Target for Maximum Deductible Contribution
  - 4.37% per year for first 5 years
  - 4.96% per year for next 15 years
  - 4.95% per year after 20 years
4. Interest Credit for Cash Balance Account 3.50% per year (3.00% used prior year)

**B. Salary Increases** 3.00% per year

**C. Mortality Assumptions**

1. Minimum Funding IRS 2024 Combined Static Mortality Table
2. ASC 715/ASC960 Pri-2012 Amount-Weighted Mortality Table with IRS Adjusted scale MP-2021
3. Lump Sum Conversions IRS Applicable Mortality Table for 417(e)

**D. Retirement Assumptions** 100% at age 65, or immediately if older

**E. Withdrawal Assumptions** Table C-3, sample rates at selected ages:

<u>Age</u>	<u>Probability of Withdrawal</u>
20	15.00%
25	15.00%
30	12.50%
35	10.00%
40	7.50%
45	5.00%
50	2.50%
55	1.00%

**F. Form of Payment** 100% of Active Participants are assumed to elect the Lump Sum form of payment.

**G. Expense Assumptions** Prior year actual expenses rounded up to the next \$1,000.

**H. Family Composition** 100% of participants are assumed to be married with spouses the same age as the participant.

**I. Asset Valuation Method** Two-year spread of the difference between actual investment earnings and expected investment earnings at a rate equal to the lesser of 7.00% or the third segment rate used for that year's actuarial valuation. The resulting actuarial asset value cannot be less than 90% or greater than 110% of market value.

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
* First Citizens Community Bank	Money Market Fund	<u>\$ 1,518,038</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$1,518,038</u>	<u>\$1,518,038</u>	<u>\$</u>
* First Citizens Community Bank	Money Market Fund	<u>\$</u>	<u>\$ 1,586,058</u>	<u>\$</u>	<u>\$</u>	<u>\$1,586,058</u>	<u>\$1,586,058</u>	<u>\$</u>

FOOTNOTE

\* Party-in-interest as defined by ERISA.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form Is Open to Public Inspection</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan FIRST CITIZENS COMMUNITY BANK ACCOUNT BALANCE PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF First Citizens Community Bank	<b>D</b> Employer Identification Number (EIN) 24-0652238	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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		
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		11,662,108
<b>b</b> Actuarial value .....	<b>2b</b>		12,074,534
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	47	2,238,099	2,238,099
<b>b</b> For terminated vested participants .....	33	957,065	957,065
<b>c</b> For active participants .....	51	6,046,356	6,046,356
<b>d</b> Total .....	131	9,241,520	9,241,520
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		5.03%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		304,058
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		0
<b>c</b> Target normal cost .....	<b>6c</b>		304,058

**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.

<b>SIGN HERE</b>	<div style="font-size: 2em; font-family: cursive;">APB</div> Signature of actuary  AMANDA P. BROCK Type or print name of actuary  SAGEVIEW CONSULTING GROUP Firm name  4600 COX ROAD, STE 350 GLEN ALLEN VA 23060 Address of the firm	07/29/2025 Date  2308407 Most recent enrollment number  804-523-1684 Telephone number (including area code)
------------------	---	--

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1,987,095
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1,987,095
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.18</u> % .....	0	202,286
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	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>5.08</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	2,189,381

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	106.96%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	130.65%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	114.94%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>						
<b>18</b> 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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	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: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 65

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  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.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...  Yes  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):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	304,058
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	304,058

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>		0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>		0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>		0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

First Citizens Community Bank Account Balance Pension Plan  
EIN: 24-0652238 Plan: 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

The retirement assumption is 100% at age 65. Therefore, the weighted average retirement age is 65.

Schedule SB, Part V - Summary of Plan Provisions

***APPENDIX II. SUMMARY OF PLAN PROVISIONS***

---

**A. Effective Date**

The original effective date of the Plan was January 1, 1965. The most recent Plan amendment was effective December 16, 2014.

**B. Eligibility**

Employees eligible to participate in the Plan are those employees (excluding seasonal or temporary employees, interns and couriers) who have attained age 21 and completed one year of eligibility service. Participation in the Plan is frozen effective December 31, 2007.

**C. Normal Retirement Date**

A participant's normal retirement date is the first day of the month following or coinciding with attainment of age 65.

**D. Normal Retirement Benefit**

Upon retirement, a participant will receive their "Cash Balance Account" which is equal to the accumulated value of their opening account balance, annual allocations and interest credits.

The opening account balance for service prior to January 1, 2008 was determined as the actuarially equivalent present value of the accrued benefit as of December 31, 2007. For service after December 31, 2007, a participant will receive an annual allocation for each year that they earn a Year of Benefit Service (at least 1,000 hours) in accordance with the following table:

Age at 12/31 of the Plan Year	Allocation as a Percentage of Compensation
21 - 29	3%
30 - 39	4%
40 - 44	5%
45 - 49	6%
50 - 54	7%
55 or older	8%

The Cash Balance Account as of the end of the preceding year will be increased by that year's interest rate which is determined as the maximum of the average yield on 12-month Treasury Bills for the four weeks immediately preceding January 1st plus 100 basis points or 2.70%.

**E. Early Retirement Date**

A participant's early retirement date is the first day of the month following or coinciding with attainment of age 55 and completion of 15 years of service or the attainment of age 62 and the completion of 10 years of service.

**F. Normal Form of Benefit**

Unless an alternate election is made, benefits paid to single participants will be in the form of a life annuity. Benefits paid to married participants will be in the form of a 50% joint & survivor annuity.

Schedule SB, Part V - Summary of Plan Provisions

***APPENDIX II. SUMMARY OF PLAN PROVISIONS (continued)***

---

**G. Vesting**

Participants will be 100% vested in their Cash Account Balance after three years of service.

**H. Disability**

Participants totally and permanently disabled may receive their Cash Account Balance upon termination of employment.

**I. Pre-Retirement Death Benefits**

A death benefit equal to the participant's Cash Account Balance is payable to the participant's beneficiary. If the participant's spouse is the beneficiary, the amount payable shall not be less than the actuarial value of the surviving spouse's benefit required by the Retirement Equity Act.

**FIRST CITIZENS COMMUNITY BANK  
ACCOUNT BALANCE PENSION PLAN**

EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
INVESTMENTS:				
CASH:				
*	First Citizens Community Bank Money Market Investors	310,829 shares	\$310,829	\$310,829
COMMON STOCK:				
	AbbVie Inc.	250 shares	28,779	44,425
	Adobe Systems Inc.	325 shares	105,166	144,521
	Alphabet Inc. Class A	2,000 shares	51,377	378,600
	Amazon.com Inc.	1,400 shares	127,930	307,146
	Apple Inc.	1,750 shares	10,110	438,235
	Applied Materials Inc.	300 shares	42,335	48,789
	Bank of America Corp. Com	1,000 shares	32,637	43,950
	BlackRock Inc.	160 shares	52,535	164,018
	Cadence Design Systems Inc.	500 shares	78,210	150,230
	Chevron Corp.	968 shares	40,302	140,205
	Cisco Systems Inc.	1,500 shares	76,248	88,800
*	Citizens Financial Services Inc.	11,644 shares	76,991	737,182
	Deere & Co.	75 shares	30,010	31,777
	EOG Resources, Inc.	350 shares	47,009	42,903
	Freeport-McMoRan Inc.	750 shares	21,134	28,560
	General Dynamics	150 shares	33,397	39,523
	Honeywell International Inc.	800 shares	76,857	180,712
	Illinois Tool Works Inc. Com	150 shares	38,236	38,034
	JP Morgan Chase & Co.	425 shares	49,181	101,877
	Jacobs Solutions Inc.	175 shares	15,524	23,383
	Johnson & Johnson	1,305 shares	101,521	188,729
	McDonalds Corp. Com	560 shares	22,389	162,338
	Medtronic Inc.	1,345 shares	76,232	107,439
	Meta Platforms Inc.	175 shares	55,767	102,464
	Merck & Co.	400 shares	35,259	39,792
	Microsoft Corp. Com	850 shares	21,302	358,275
	Morgan Stanley	500 shares	48,274	62,860
	NVIDIA Corp.	1,200 shares	118,776	161,148
	NextEra Energy	450 shares	37,727	32,260

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Oracle Corp. Com	300 shares	\$ 36,542	\$ 49,992	
Palo Alto Networks Inc.	300 shares	51,901	54,588	
Paychex Inc.	1,000 shares	38,863	140,220	
Pepsico Inc.	1,000 shares	66,558	152,060	
Pfizer Inc.	3,835 shares	111,647	101,743	
Procter & Gamble Co.	1,400 shares	126,351	234,710	
Southern Co.	750 shares	36,634	61,740	
Starbucks	1,000 shares	67,820	91,250	
Tesla	200 shares	45,964	80,768	
Texas Instruments Inc.	300 shares	50,576	56,253	
Uber Technologies	500 shares	34,144	30,160	
United Health Group	350 shares	85,862	177,051	
United Parcel Service	450 shares	44,785	56,745	
US Bancorp Del Com New	1,385 shares	54,693	66,245	
Visa Inc.	250 shares	48,805	79,010	
Walmart Inc.	500 shares	31,784	45,175	
Walt Disney Co.	300 shares	<u>39,026</u>	<u>33,405</u>	
Total common stock		<u>2,523,170</u>	<u>5,899,290</u>	
CORPORATE BONDS:				
3M Co.	2.25% due 9/19/26, par value \$75,000	71,507	72,059	
Air Products	1.85% due 5/15/27, par value \$100,000	88,639	94,061	
American Honda Finance	4.60% due 7/17/30, par value \$100,000	102,113	98,143	
Apple Inc.	2.05% due 9/11/26, par value \$75,000	77,618	72,203	
BHP Finance	5.25% due 9/8/30, par value \$75,000	75,710	76,238	
BP Capital Markets	3.723% due 11/28/28, par value \$100,000	98,808	96,388	
Bank of New York	3.00% due 2/24/25, par value \$75,000	74,344	74,835	
Bristol-Myers Squibb	3.90% due 2/20/28, par value \$75,000	75,503	73,434	
Cadence Design Systems	4.30% due 9/10/29, par value \$100,000	101,029	98,053	
Chevron Corp.	1.995% due 5/11/27, par value \$100,000	101,415	94,497	
Deere & Co.	1.70% due 1/11/27, par value \$75,000	67,564	70,878	
Exxon Mobil	2.44% due 8/16/29, par value \$100,000	86,117	91,462	
Home Depot	3.90% due 12/6/28, par value \$75,000	74,145	73,066	
Intel	2.45% due 11/15/29, par value \$50,000	44,524	43,865	
Intel	3.75% due 3/25/27, par value \$75,000	75,810	73,122	

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
JP Morgan Chase & Co.	3.125% due 1/23/25, par value \$75,000	\$ 74,733	\$ 74,922	
Kimberly-Clark	3.20% due 4/25/29, par value \$50,000	45,744	47,193	
Mastercard Inc.	2.00% due 3/3/25, par value \$100,000	95,567	99,600	
Morgan Stanley	3.625% due 1/20/27, par value \$50,000	49,569	49,077	
National Rural Utilities	5.00% due 2/7/31, par value \$50,000	49,825	50,433	
Nevada Power	3.70% due 5/1/29, par value \$50,000	47,989	47,704	
Oracle Corp.	2.95% due 5/15/25, par value \$75,000	74,885	74,477	
Pepsico Inc.	2.75% due 4/30/25, par value \$75,000	74,013	74,575	
Public Storage	1.85% due 5/1/28, par value \$75,000	65,268	68,508	
Royal Bank of Canada	1.15% due 7/14/26, par value \$50,000	43,848	47,526	
Schlumberger	2.65% due 6/26/30, par value \$75,000	67,184	66,867	
Schwab Corp.	0.90% due 3/11/26, par value \$100,000	97,547	95,718	
TJX Cos.	2.25% due 9/15/26, par value \$75,000	71,167	72,314	
Toronto-Dominion Bank	3.766% due 6/6/25, par value \$50,000	48,460	49,823	
Toyota Motor	5.25% due 9/11/28, par value \$75,000	74,248	76,082	
US Bancorp	2.375% due 7/22/26, par value \$100,000	95,878	96,678	
Visa Inc.	2.75% due 9/15/27, par value \$75,000	73,111	71,809	
Waste Management	4.95% due 7/3/31, par value \$100,000	<u>104,608</u>	<u>100,105</u>	
Total corporate bonds		<u>2,468,490</u>	<u>2,465,715</u>	
<b>MUTUAL FUNDS:</b>				
Baird	Short-Term Bond Fund	170,925	165,972	
Federated	Total Return Bond Fund	149,306	123,318	
Blackrock	iShares Core S&P 500 ETF	37,359	79,472	
Blackrock	iShares MSCI EAFE ETF	223,684	264,635	
Blackrock	iShares Russell 2000 Index	156,923	176,768	
Blackrock	iShare Core U.S. REIT ETF	171,146	193,421	
Blackrock	iShares S&P MidCap 400 ETF	206,782	623,100	
MFS	International Equity I	623,608	677,129	
Pimco	0-5 Year High Yield Corporate Bond ETF	335,965	309,144	
Vanguard	FTSE Emerging Markets ETF	211,741	220,200	
Vanguard	Interm-Term Treasury Index	96,317	94,716	
Vanguard	Short-Term Treasury Index	96,183	97,212	

**FIRST CITIZENS COMMUNITY BANK**  
**ACCOUNT BALANCE PENSION PLAN**  
EMPLOYER IDENTIFICATION NUMBER 24-0652238 PLAN NUMBER 001  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Total mutual funds		<u>\$ 2,479,939</u>	<u>\$ 3,025,087</u>
	TOTAL INVESTMENTS		<u>\$ 7,782,428</u>	<u>\$ 11,700,921</u>

FOOTNOTE

\* Party-in-interest as defined by ERISA

First Citizens Community Bank Account Balance Pension Plan  
EIN: 24-0652238 Plan: 001

Schedule SB, line 24 - Change in Actuarial Assumptions

The interest crediting rate assumption was changed from 3.00% to 3.50% to better anticipate future yields of 12 month Treasury Bills.

The assumption change did not reduce the funding shortfall.