Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIDELITY MONEY PURCHASE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1986

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FIDELITY BANK & TRUST

PO BOX 277
DYERSVILLE, IA 52040-0277

PO BOX 277
DYERSVILLE, IA 52040-0277

2b Employer Identification Number (EIN)
42-0388390

2c Plan Sponsor's telephone number

2d Business code (see instructions)
522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	ROCHELLE HUGHES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	264
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	238
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	229
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	249
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	249
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	255
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	247
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2C 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan
FIDELITY MONEY PURCHASE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FIDELITY BANK & TRUST

D Employer Identification Number (EIN)
42-0388390

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

PRINCIPAL

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	CONSULTANT	6900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAC

82-5285627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 64	ACCOUNTANT	8250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
FIDELITY MONEY PURCHASE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FIDELITY BANK & TRUST

D Employer Identification Number (EIN)
42-0388390

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
FIDELITY COMPANY	ISSUER FIDCO PARENT OF FBT	62 SHARES FIDCO CLASS C STOCK HELD MAY NOT BE EMPLOYER SECURITIES. NO SHARES ACQUIRED DURING 2025.	

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
			1056504	3355626	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
FIDELITY MONEY PURCHASE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FIDELITY BANK & TRUST

D Employer Identification Number (EIN)
42-0388390

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	950964	1026294
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	34555	27834
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5600651	5710564
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	2876304	3355626
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	9462474	10120318
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	9462474	10120318

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1026294	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1026294
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	166825	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		166825
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	479322	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		479322

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1672441
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	997067	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		997067
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	6900	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	8250	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1514	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	866	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		17530
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1014597
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		657844
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] 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)** [X] 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: BAC CPA LLC **(2)** EIN: 82-5285627

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**	X		3355626
e Was this plan covered by a fidelity bond?	**4e**	X		9000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
FIDELITY MONEY PURCHASE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FIDELITY BANK & TRUST

D Employer Identification Number (EIN)
42-0388390

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 42-0127290

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** 26

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 1026930

b Enter the amount contributed by the employer to the plan for this plan year **6b** 1026930

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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:

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702548A .

FIDELITY MONEY PURCHASE PLAN

FINANCIAL REPORT

DECEMBER 31, 2025 AND 2024

BAC CPA, LLC
Dyersville | Dubuque, Iowa

CONTENTS

INDEPENDENT AUDITOR'S REPORT	**3 – 5**
FINANCIAL STATEMENTS	
Statements of net assets available for benefits	**6**
Statement of changes in net assets available for benefits	**7**
Notes to financial statements	**8 – 16**
SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA	
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)	**17**
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions	**18**
Schedule H, Part IV, Line 4d – Schedule of Nonexempt Transactions	**19**

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Fidelity Money Purchase Plan
Dubuque, Iowa

Opinion

We have audited the financial statements of Fidelity Money Purchase Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Fidelity Money Purchase Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Fidelity Money Purchase 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 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.

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 Fidelity Money Purchase Plan's ability to continue as a going concern within one year after the date 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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 auditor's 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 Fidelity Money Purchase 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 Fidelity Money Purchase Plan's ability to continue as a going concern for a reasonable period of time.

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions and Schedule H, Part IV, Line 4d – Schedule of Nonexempt Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



BAC CPA, LLC

Dubuque, Iowa
October 14, 2026

Fidelity Money Purchase Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

ASSETS	2025	2024
Cash	$ 62,887	$ 24,556
Investments, at fair value:		
Money market account	1,079,327	1,173,062
Fidelity Company common stock	3,355,626	2,876,304
Certificates of deposit	4,568,350	4,403,033
Total investments	9,003,303	8,452,399
Receivables:		
Accrued interest receivable	27,834	34,555
Employer contribution receivable	1,026,294	950,964
Total receivables	1,054,128	985,519
Total and net assets available for benefits	$ 10,120,318	$ 9,462,474

See notes to financial statements.

Fidelity Money Purchase Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

ADDITIONS	**2025**
Investment income:	
Net appreciation in fair value of investments	$ 479,322
Interest	166,825
Total investment income	646,147
Contributions:	
Employer	1,026,294
Participants	0
Total contributions	1,026,294
Total additions	1,672,441
DEDUCTIONS	
Benefits paid to participants	997,067
Administrative expenses	17,530
Total deductions	1,014,597
Net increase in net assets available for benefits	657,844
Net assets available for benefits:	
Beginning of year	9,462,474
End of year	$ 10,120,318

See notes to financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of the Fidelity Money Purchase Plan (the "Plan") provides only general information. Participants should refer to the plan instrument for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution qualified retirement plan, commonly referred to as a money purchase pension plan. The Plan is sponsored by Fidelity Bank & Trust, which is the signatory employer under the plan document and which has branch offices in Iowa, Illinois, and Wisconsin. Fidelity Company, a bank holding company and the parent of Fidelity Bank & Trust, participates in the Plan as a participating employer under a participation agreement restated effective January 1, 2022. The Plan covers the employees of both entities. Farmers and Traders Savings Bank merged into Fidelity Bank & Trust on December 31, 2021. Certain exceptions to, or modifications of, the standard eligibility and vesting provisions have been adopted for divisions entering the Plan through acquisition.

Employees are eligible to participate in the Plan upon attaining age 21 and completing one year of service during which at least 1,000 hours of service are credited. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Basis of Accounting

The financial statements of the Plan 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 the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates. The valuation of the Company's common stock is the estimate most susceptible to material change in the near term; see Notes 5 and 9.

Contributions

Under the terms of the Plan, the employer contributes for each eligible participant an amount equal to 7% of the participant's eligible compensation for the plan year, plus 5.4% of the participant's excess compensation. Excess compensation means eligible compensation in excess of the integration level, which is 80.5% of the Social Security taxable wage base in effect on the first day of the plan year, rounded to the next highest $1,000. This formula applies the permitted disparity rules of Internal Revenue Code (IRC) Section 401(l). Employees may not contribute to the Plan.

Eligible compensation is gross compensation excluding compensation in excess of $135,000, fringe benefits and compensation paid to employees of a related employer, and compensation earned before an employee becomes a participant. Compensation taken into account is also limited by IRC Section 401(a)(17). A participant shares in the contribution only if credited with at least 1,000 hours of service

during the plan year and employed on the last day of the plan year; neither condition applies to a participant who dies, becomes disabled, or attains normal retirement age during the year.

Because eligible compensation is capped at $135,000 and the integration level exceeds that amount, no participant had excess compensation for the year ended December 31, 2025, and the 5.4% component of the formula produced no contribution. The employer contribution for the year was 7% of eligible compensation of $15,006,565, or $1,050,460, reduced by forfeitures of $24,166 as described below.

Participant Accounts

Each participant's account is credited with the Company's contribution and with allocations of forfeitures of terminated participants' non-vested accounts, in each case in the ratio that the participant's compensation bears to the compensation of all participants. Plan earnings, reduced by administrative expenses paid by the Plan, are allocated on the basis of account balances at the beginning of the plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The Plan's investments, including its shares of Fidelity Company common stock, are held in a pooled trust; participants hold an undivided interest in the pooled investments through their account balances, and no shares are allocated to individual participants.

Vesting

Participants vest in Company contributions, the earnings thereon, and allocated forfeitures on the basis of years of service. A year of service is a plan year during which the participant is credited with at least 1,000 hours of service. Participants vest 20% upon completing two years of service and an additional 20% for each subsequent year of service, becoming 100% vested upon completing six years of service. Participants also become 100% vested upon attaining normal retirement age, death, or disability. Certain exceptions have been adopted for divisions entering the Plan through acquisition.

Forfeited Accounts

Forfeitures of non-vested accounts are used to reduce employer contributions.

For the year ended December 31, 2025, the employer contribution of $1,050,460 was reduced by forfeitures of $24,166, giving the net contribution of $1,026,294 reported in the statement of changes in net assets available for benefits. Accounts forfeited during 2025 totaled $18,928. For the year ended December 31, 2024, employer contributions were reduced by forfeitures of $39,450.

The balance remaining in the Plan's forfeiture suspense account at December 31, 2025 was $20,334, which will be applied to reduce the employer contribution for 2026.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee, acting on behalf of the plan administrator, determines the Plan's valuation policies. See Note 5 for a discussion of fair value measurements.

The Company's common stock held by the Plan is not readily tradable on an established securities market. Its fair value is determined by an annual independent appraisal as of the last day of the plan year. Certificates of deposit and the money market account are stated at cost plus accrued interest, which approximates fair value.

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

Payment of Benefits

Benefits are recorded when paid. Upon retirement, death, disability, or termination of employment, a participant, or the participant's beneficiary, is entitled to receive the vested balance of the participant's account. The normal form of benefit for a married participant is a qualified joint and survivor annuity; a married participant may elect another form of benefit, including a single lump sum or installments, only with the written consent of the participant's spouse, subject to the provisions of the Plan. A vested account balance not exceeding $7,000 ($1,000 before January 1, 2025) is distributed in a lump sum without the participant's consent on the first distribution date following severance from employment.

Participants are required to begin receiving required minimum distributions in accordance with IRC Section 401(a)(9) upon attaining the applicable age, which is 70½ for participants who attained that age before January 1, 2020; 72 for participants who attained that age after December 31, 2019 and before January 1, 2023; 73 for participants who attain that age after December 31, 2022 and before January 1, 2033; and 75 thereafter, as amended by the SECURE 2.0 Act of 2022.

At December 31, 2025 and 2024, no benefits were due to participants who had terminated employment or who were required to receive a minimum distribution but to whom payment had not been made. See Note 11.

Participant Loans

The Plan does not permit participants to borrow from their accounts.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan unless paid by the Company. Expenses paid by the Company are excluded from these financial statements. Expenses relating to specific participant transactions are charged directly to the participant's account. Investment-related expenses are included in net appreciation in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued.

Plan amendment. On May 20, 2026, the Plan's adoption agreement was amended to provide that employees who transferred to the Company from County Bank of Sigourney, State Savings Bank of Rake and Frost State Bank during 2025 attain normal retirement age upon reaching age 65. None of those employees was a participant at December 31, 2025, and the amendment has no effect on the 2025 financial statements.

NOTE 2 – FUNDING POLICY

The Company's annual contribution to the Plan is determined under the contribution formula described in Note 1 and is not discretionary. Company contributions are recorded as assets of the Plan when accrued by the Company. The entire 2025 contribution of $1,026,294 was unpaid at December 31, 2025 and is reported as an employer contribution receivable.

The receivable was received by the Plan on March 16, 2026.

NOTE 3 – PLAN TERMINATION

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

NOTE 4 – TAX STATUS

The Plan is maintained under a non-standardized pre-approved plan document sponsored by a third-party provider. The Internal Revenue Service issued an opinion letter to that provider dated June 30, 2020 (Letter Serial Number Q702548a), stating that the form of the plan is acceptable for use by employers under Section 401 of the Internal Revenue Code. The opinion considered the 2017 Cumulative List of Notice 2017-37. The Company executed the adoption agreement on July 27, 2022, restating the Plan effective January 1, 2022, so the adoption postdates the issuance of the opinion letter.

The Internal Revenue Service does not issue determination letters to employers that adopt a pre-approved plan document, other than in the limited circumstances set out in its annual procedural guidance; an adopting employer relies instead on the opinion letter issued to the provider. That reliance is subject to the conditions stated in the letter, which include that the employer has correctly completed the adoption agreement and that the plan remains identical to the pre-approved plan. The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and that the Plan is therefore qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and to recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by a taxing authority. The plan administrator has concluded that there are no uncertain tax positions requiring recognition or disclosure. The Plan is subject to routine examination by taxing authorities; no examination is currently in progress for any tax period.

NOTE 5 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurement, establishes a framework for measuring fair value and a hierarchy that prioritizes the inputs to valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels are as follows:

- Level 1 – Unadjusted quoted prices in active markets that the Plan has the ability to access for identical assets or liabilities.
- Level 2 – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable, and inputs derived principally from or corroborated by observable market data. If the asset has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset.
- Level 3 – Unobservable inputs that are significant to the fair value measurement.

The level within the hierarchy is based on the lowest level of any input that is significant to the fair value measurement in its entirety. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2025 and 2024.

Valuation Methodologies

Money market account – stated at cost plus interest compounded monthly, which approximates fair value. Classified as Level 2.

Certificates of deposit – stated at cost plus interest compounded semi-annually, which approximates fair value. Classified as Level 2.

Fidelity Company common stock – the Company's common stock is not traded on an established securities market. Fair value is determined by an independent appraiser engaged annually by the plan administrator, using a combination of the income approach and the market approach, with a discount applied for lack of marketability of a non-controlling interest. Classified as Level 3.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis:

Assets at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Money market account	$ –	$ 1,079,327	$ –	$ 1,079,327
Certificates of deposit	–	4,568,350	–	4,568,350
Fidelity Company common stock	–	–	3,355,626	3,355,626
Total assets at fair value	$ –	$ 5,647,677	$ 3,355,626	$ 9,003,303

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Money market account	$ –	$ 1,173,062	$ –	$ 1,173,062
Certificates of deposit	–	4,403,033	–	4,403,033
Fidelity Company common stock	–	–	2,876,304	2,876,304
Total assets at fair value	$ –	$ 5,576,095	$ 2,876,304	$ 8,452,399

There were no transfers into or out of Level 3 during the years ended December 31, 2025 and 2024.

Changes in Level 3 Assets

The following table sets forth a summary of the changes in the fair value of the Plan's Level 3 assets:

Fidelity Company common stock	Year ended Dec. 31, 2025	Year ended Dec. 31, 2024
Balance, beginning of year	$ 2,876,304	$ 2,544,604
Total gains included in changes in net assets available for benefits	479,322	331,700
Purchases, sales, issuances, and settlements (net)	–	–
Balance, end of year	$ 3,355,626	$ 2,876,304
Unrealized gains for the year relating to assets still held at the reporting date	$ 479,322	$ 331,700

Quantitative Information About Level 3 Fair Value Measurements

The following table presents quantitative information about the significant unobservable inputs used in the fair value measurement of the Company's common stock:

Valuation technique	Unobservable input	Dec. 31, 2025	Dec. 31, 2024
Income approach — discounted cash flow	Discount rate (cost of equity)	11.4%	11.1%
Market approach — guideline public company and merger and acquisition methods	Multiple of regulatory capital	1.54	1.49
	Multiple of adjusted book value	1.01	0.97
Applied to the indicated value	Discount for lack of control	15%	15%
	Discount for lack of marketability	5%	5%

A majority of the weight was assigned to the discounted cash flow method. The concluded value of a non-controlling, marketable interest was $56,972 per share at December 31, 2025 and $48,834 per share at December 31, 2024; after the discount for lack of marketability, the concluded non-controlling, non-marketable value was $54,123 and $46,392 per share, respectively. The Plan holds 62 shares at each date.

These amounts are taken from the independent appraisal report as of December 31, 2025, dated March 3, 2026.

Valuation Process and Sensitivity

The plan administrator engages an independent appraiser annually to determine the fair value of the Company's common stock as of the last day of the plan year. The plan administrator reviews the appraiser's qualifications and independence, reviews the methodologies and significant assumptions applied, compares the concluded value and the underlying assumptions with those of the prior year, and approves the resulting valuation for use in the financial statements and in participant account allocations.

Significant increases or decreases in the discount rate or in the discount for lack of marketability would result in a significantly lower or higher fair value measurement, respectively. Significant increases or decreases in the projected earnings or the guideline company multiples would result in a significantly higher or lower fair value measurement, respectively. Because the Company's common stock represents a significant portion of the Plan's net assets, a change in the concluded value would have a corresponding effect on net assets available for benefits.

NOTE 6 – INVESTMENTS AND CONCENTRATIONS

The following investments each represent 5% or more of the Plan's net assets available for benefits:

	December 31, 2025	% of net assets	December 31, 2024	% of net assets
Fidelity Company common stock	$ 3,355,626	33.2%	$ 2,876,304	30.4%
Certificates of deposit — Fidelity Bank & Trust	4,568,350	45.1%	4,403,033	46.5%
Money market account — Fidelity Bank & Trust	1,079,327	10.7%	1,173,062	12.4%

The certificates of deposit are shown above in the aggregate. Three individual certificates each exceeded 5% of net assets available for benefits at December 31, 2025: account no. 3001406, $847,626 (8.4%); account no. 3001407, $828,445 (8.2%); and account no. 129649, $738,484 (7.3%). All certificates of deposit and the money market account are held with Fidelity Bank & Trust, a related party.

NOTE 7 – CONCENTRATION OF CREDIT RISK

All of the Plan's assets are held in cash, a money market account, certificates of deposit, or common stock issued by related parties. Cash accounts, money market accounts, and certificates of deposit are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per depositor, per insured institution.

Because of the size of the balances on deposit, plan legal counsel sought clarification from the FDIC as to the insurance protection afforded the Plan. The FDIC responded that, for plans of this nature where the bank's account records expressly disclose that the funds are those of an employee benefit plan, each plan participant is insured up to $250,000 in the aggregate across all plans covering that participant with deposits at each separately insured institution.

At December 31, 2025 and 2024, all of the Plan's bank and certificate of deposit accounts were identified as plan accounts in the bank's records. No participant's proportionate interest in the Plan's deposits exceeded the insured amount at December 31, 2025; uninsured participant balances totaled $129,665 at December 31, 2024. The maximum loss the Plan could incur from credit risk is limited to the carrying value of its investment in Fidelity Company common stock, which is not insured.

NOTE 8 – RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of common stock of Fidelity Company and deposits with Fidelity Bank & Trust, a wholly owned subsidiary of Fidelity Company. Fidelity Bank & Trust is the plan sponsor, and Fidelity Company is its parent and an employer participating in the Plan; accordingly, these transactions qualify as party-in-interest transactions under ERISA and as related-party transactions under FASB ASC 850. Except as described below, these transactions are exempt from the prohibited transaction provisions of ERISA. The Plan's holding of 62 shares of Fidelity Company Class C common stock, carried at $3,355,626 at December 31, 2025 (cost $1,056,504), may not consist of qualifying employer securities, and the plan administrator has reported the holding as a nonexempt transaction with a party in interest in the supplemental Schedule H, Part IV, Line 4d – Schedule of Nonexempt Transactions. The employer contribution receivable of $1,026,294 at December 31, 2025 is due from the participating employers, which are parties in interest.

The Plan retains service providers, each of which is a party in interest with respect to the Plan. Fees paid by the Plan for these services amounted to $17,530 for the year ended December 31, 2025. Certain

individuals are both participants in the Plan and trustees or officers of the Company and are therefore parties in interest.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in a money market account, certificates of deposit, and the common stock of the Company. Investment securities are exposed to various risks, including interest rate, market, and credit risk. The Company's common stock is not traded on an established securities market and its value is determined by an estimate that depends on assumptions about future earnings and cash flows. Due to the level of risk associated with that investment and the uncertainty inherent in the estimation process, it is at least reasonably possible that a change in the value of the Company's common stock will occur in the near term and that such a change could materially affect the amounts reported in the statement of net assets available for benefits and in participants' individual account balances.

NOTE 10 – PLAN ADMINISTRATION AND SERVICE ORGANIZATIONS

The Plan's assets are held by the trustee of the Plan. Recordkeeping and participant accounting services are provided by Principal Life Insurance Company under a service agreement with the plan sponsor. Certain administrative functions are performed by officers or employees of the Company or its subsidiary; no such officer or employee receives compensation from the Plan.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There are no differences between the net assets available for benefits or the benefits paid to participants reported in these financial statements and the corresponding amounts reported on Form 5500. No amounts were allocated at December 31, 2025 or 2024 to participants who had elected to withdraw but to whom payment had not been made.

Fidelity Money Purchase Plan

EIN 42-0388390 Plan Number 002

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Bank & Trust	Certificates of deposit:		
		Account no. 128658 — 48 months, 0.75%, matures May 4, 2028	256,284	256,284
		Account no. 129623 — 25 months, 4.01%, matures March 19, 2027	371,837	371,837
		Account no. 129649 — 25 months, 4.50%, matures January 19, 2026	738,484	738,484
		Account no. 130248 — 19 months, 3.76%, matures May 13, 2027	497,685	497,685
		Account no. 130783 — 48 months, 0.65%, matures November 13, 2026	302,878	302,878
		Account no. 130977 — 10 months, 3.71%, matures October 5, 2026	214,958	214,958
		Account no. 131586 — 13 months, 4.06%, matures May 21, 2026	389,001	389,001
		Account no. 133100 — 25 months, 4.01%, matures March 14, 2027	121,152	121,152
		Account no. 3001406 — 13 months, 4.10%, matures July 9, 2026	847,626	847,626
		Account no. 3001407 — 37 months, 4.03%, matures May 7, 2026	828,445	828,445
		Total certificates of deposit	4,568,350	4,568,350
*	Fidelity Bank & Trust	Money market account no. 617662, 0.55%, no maturity	1,079,327	1,079,327
*	Fidelity Company	62 shares, Class C voting common stock	1,056,504	3,355,626
	Total investments		$ 6,704,181	$ 9,003,303

* Represents a party in interest to the Plan.

Fidelity Money Purchase Plan

EIN 42-0388390 Plan Number 002

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
* Fidelity Bank & Trust	Certificate of deposit no. 3001406, 13 months, 4.10%, renewed June 9, 2025	830,623	–	–	–	830,623	830,623	–
* Fidelity Bank & Trust	Certificate of deposit no. 130248, 19 months, 3.76%, renewed October 13, 2025	497,685	–	–	–	497,685	497,685	–
* Fidelity Bank & Trust	Certificates of deposit — series of six renewals in 2025 (nos. 133100, 129623, 131586, 3001406, 130248 and 130977): six purchases and six maturities	2,407,938	2,407,938	–	–	2,407,938	2,407,938	–

* Represents a party in interest to the Plan.

Fidelity Money Purchase Plan

EIN 42-0388390 Plan Number 002

Schedule H, Part IV, Line 4d – Schedule of Nonexempt Transactions

Year Ended December 31, 2025

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price	(e) Selling price	(f) Lease rental	(g) Expenses incurred in connection with transaction	(h) Cost of asset	(i) Current value of asset	(j) Net gain or (loss) on each transaction
* Fidelity Company	Issuer of the employer securities; parent of the plan sponsor	Continued holding of 62 shares of Class C common stock, date of acquisition not established, which may not be qualifying employer securities; no shares were acquired or disposed of in 2025	–	–	–	–	1,056,504	3,355,626	–

* Represents a party in interest to the Plan.

Fidelity Money Purchase Plan

EIN 42-0388390 Plan Number 002

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2025

(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)
* Fidelity Bank & Trust	Certificate of deposit no. 3001406, 13 months, 4.10%, renewed June 9, 2025	830,623	–	–	–	830,623	830,623	–
* Fidelity Bank & Trust	Certificate of deposit no. 130248, 19 months, 3.76%, renewed October 13, 2025	497,685	–	–	–	497,685	497,685	–
* Fidelity Bank & Trust	Certificates of deposit — series of six renewals in 2025 (nos. 133100, 129623, 131586, 3001406, 130248 and 130977): six purchases and six maturities	2,407,938	2,407,938	–	–	2,407,938	2,407,938	–

* Represents a party in interest to the Plan.

Fidelity Money Purchase Plan

EIN 42-0388390 Plan Number 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Bank & Trust	Certificates of deposit:		
		Account no. 128658 — 48 months, 0.75%, matures May 4, 2028	256,284	256,284
		Account no. 129623 — 25 months, 4.01%, matures March 19, 2027	371,837	371,837
		Account no. 129649 — 25 months, 4.50%, matures January 19, 2026	738,484	738,484
		Account no. 130248 — 19 months, 3.76%, matures May 13, 2027	497,685	497,685
		Account no. 130783 — 48 months, 0.65%, matures November 13, 2026	302,878	302,878
		Account no. 130977 — 10 months, 3.71%, matures October 5, 2026	214,958	214,958
		Account no. 131586 — 13 months, 4.06%, matures May 21, 2026	389,001	389,001
		Account no. 133100 — 25 months, 4.01%, matures March 14, 2027	121,152	121,152
		Account no. 3001406 — 13 months, 4.10%, matures July 9, 2026	847,626	847,626
		Account no. 3001407 — 37 months, 4.03%, matures May 7, 2026	828,445	828,445
		Total certificates of deposit	*4,568,350*	*4,568,350*
*	Fidelity Bank & Trust	Money market account no. 617662, 0.55%, no maturity	1,079,327	1,079,327
*	Fidelity Company	62 shares, Class C voting common stock	1,056,504	3,355,626
	Total investments		**6,704,181**	**9,003,303**

* Represents a party in interest to the Plan.