

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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>09/30/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>NORTHWEST SAVINGS BANK EMPLOYEE STOCK OWNERSHIP PLAN</u>	1b	Three-digit plan number (PN) ► <u>003</u>
		1c	Effective date of plan <u>01/01/1994</u>
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) <u>NORTHWEST SAVINGS BANK</u> <u>P.O. BOX 128</u> <u>100 LIBERTY STREET</u> <u>WARREN, PA 16365</u>	2b	Employer Identification Number (EIN) <u>23-2790930</u>
		2c	Plan Sponsor's telephone number <u>814-726-2140</u>
		2d	Business code (see instructions) <u>522110</u>

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.	07/14/2017	JULIA MCTAVISH
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 2328
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1855 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 72
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2P 3I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 H (Form 5500) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 09/30/2016		
A Name of plan NORTHWEST SAVINGS BANK EMPLOYEE STOCK OWNERSHIP PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST SAVINGS BANK	D Employer Identification Number (EIN) 23-2790930	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	3504	0
(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	68887024	0
(2)	Employer real property		
e	Buildings and other property used in plan operation		
f	Total assets (add all amounts in lines 1a through 1e)	68890528	0
Liabilities			
g	Benefit claims payable		
h	Operating payables		
i	Acquisition indebtedness		
j	Other liabilities	21689846	0
k	Total liabilities (add all amounts in lines 1g through 1j)	21689846	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	47200682	0

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1612
	(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)	1612
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	2273739
	(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)	2273739
(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)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(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)		11586586
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13861937

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2804068	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	306207	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3110275
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		575685
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3685960

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10175977
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		57376659

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BAKER TILLY VIRCHOW KRAUSE LLP**

(2) EIN: **39-0859910**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		3000000
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			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

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)
NORTHWEST SAVINGS BANK 401(K) PLAN	23-2790930	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 09/30/2016		
A Name of plan NORTHWEST SAVINGS BANK EMPLOYEE STOCK OWNERSHIP PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST SAVINGS BANK		D Employer Identification Number (EIN) 23-2790930
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
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): 23-3901659		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?		☒ Yes ☐ No
11 a Does the ESOP hold any preferred stock?		☐ Yes ☒ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)		☐ Yes ☒ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		☐ Yes ☒ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2016 v. 160205		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**NORTHWEST BANK
EMPLOYEE STOCK OWNERSHIP PLAN**

Financial Statements

As of September 30, 2016 and December 31, 2015
and for the Period from January 1, 2016 to September 30, 2016 and the Year ended
December 31, 2015

&

Independent Auditors' Report

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Supplemental Information

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

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Independent Auditors' Report

Plan Administrator and Participants
Northwest Bank Employee Stock Ownership Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Northwest Bank Employee Stock Ownership Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2016 and December 31, 2015, and the related statements of changes in net assets available for benefits for the period from January 1, 2016 to September 30, 2016 and for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Northwest Bank Investment Management and Trust, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of September 30, 2016 and December 31, 2015, and for the period from January 1, 2016 to September 30, 2016 and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the period from January 1, 2016 to September 30, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

Baker Tilly Virchow Krause, LLP

Pittsburgh, Pennsylvania
June 30, 2017

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Net Assets Available for Benefits

September 30, 2016 and December 31, 2015

	September 30, 2016			December 31, 2015		
	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>
Assets:						
Common stock of Northwest Bancshares, Inc.						
at fair value	\$ -	-	-	45,214,441	23,672,583	68,887,024
Cash and cash equivalents	-	-	-	3,504	-	3,504
Total assets	-	-	-	45,217,945	23,672,583	68,890,528
Liabilities:						
Loan payable to Northwest Bancshares, Inc.	-	-	-	-	21,689,846	21,689,846
Net assets available for benefits	\$ -	-	-	45,217,945	1,982,737	47,200,682

See accompanying notes to financial statements.

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Changes in Net Assets Available for Benefits

For the Period from January 1, 2016 to September 30, 2016 and the Year ended December 31, 2015

	September 30, 2016			December 31, 2015		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Additions to net assets attributed to:						
Investment income:						
Dividends and interest	\$ 1,478,477	796,874	2,275,351	1,836,004	1,061,244	2,897,248
Net appreciation in fair value of investments	7,485,209	4,101,377	11,586,586	1,464,160	2,917,679	4,381,839
Total investment income	8,963,686	4,898,251	13,861,937	3,300,164	3,978,923	7,279,087
Contributions:						
Employer	-	-	-	-	3,628	3,628
Allocation of 401,356 and 126,280 shares of common stock of Northwest Bancshares, Inc., at fair value in 2016 and 2015, respectively	6,305,303	-	6,305,303	1,737,613	-	1,737,613
Total additions	15,268,989	4,898,251	20,167,240	5,037,777	3,982,551	9,020,328
Deductions from net assets attributed to:						
Distributions to participants	3,110,275	-	3,110,275	2,514,785	-	2,514,785
Transfer of plan assets	57,376,659	-	57,376,659	477,379	-	477,379
Interest expense	-	575,685	575,685	-	757,531	757,531
Allocation of 401,356 and 126,280 shares of common stock of Northwest Bancshares, Inc., at fair value in 2016 and 2015, respectively	-	6,305,303	6,305,303	-	1,737,613	1,737,613
Total deductions	60,486,934	6,880,988	67,367,922	2,992,164	2,495,144	5,487,308
Net increase/ (decrease)	(45,217,945)	(1,982,737)	(47,200,682)	2,045,613	1,487,407	3,533,020
Net assets available for benefits:						
Beginning of period	45,217,945	1,982,737	47,200,682	43,172,332	495,330	43,667,662
End of period	\$ -	-	-	45,217,945	1,982,737	47,200,682

See accompanying notes to financial statements.

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Changes in Net Assets Available for Benefits

For the Period from January 1, 2016 to September 30, 2016 and the Year ended December 31, 2015

(1) Description of the Plan and Basis of Presentation

(a) General

On September 30, 2016, the Northwest Bank Employee Stock Ownership Plan ("the Plan") was merged into the Northwest Bank 401(k) Plan ("401(k)"). As a result, 1,366,574 unallocated shares were retired to pay-off the Plan loan due to Northwest Bancshares, Inc. The remaining 401,356 unallocated shares were distributed into the employees' 401(k) accounts.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Northwest Bank (the "Bank" or "Trustee"), a wholly owned subsidiary of Northwest Bancshares, Inc. (the "Company"), established the Plan effective as of January 1, 1994. Northwest Bancshares, Inc. is a Maryland corporation that was incorporated in September 2009. The Plan, a leveraged plan, was designed to be a qualified stock bonus plan under Section 401(a) of the Internal Revenue Code of 1986, as amended ("Code") and an employee stock ownership plan within the meaning of 407(d)(6) of Employee Retirement Income Security Act of 1974, as amended ("ERISA") and Section 4975(e)(7) of the Code. The Plan was subject to the applicable provisions of the ERISA. The Plan purchased shares of the Company, the stock holding company of the Bank, and held the stock in a trust established under the Plan. Northwest Bank serves as the Plan's Trustee and was responsible for the oversight of the Plan; and Northwest Bank Investment Management and Trust ("Custodian") served as the Plan's custodian.

From December 18, 2009 through February 2, 2010, the Plan purchased shares of the Company's common stock in the open market using proceeds of a loan from the Company (see Note 8). The borrowing was to be repaid over a period of 20 years. As the Plan made each payment of principal, an appropriate percentage of stock was allocated to eligible employees' accounts in accordance with applicable regulations under the Code. The borrowing was collateralized by the unallocated shares of common stock and was guaranteed by the Company. The lender had no rights against shares of common stock once they were allocated to participants in accordance with the terms of the Plan. Accordingly, the financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to (a) the account of employees with vested rights in allocated common stock (allocated), and (b) common stock not yet allocated to employees (unallocated).

The Plan evaluated subsequent events for recognition and disclosure through June 30, 2017, the date the financial statements were available to be issued.

(b) Eligibility

Full-time and part-time employees age twenty-one or older were eligible to participate after one year of service providing they have worked at least 1,000 hours during such Plan year. Effective January 1, 2012, the Plan was amended to include temporary employees who otherwise satisfy the eligibility requirements.

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Changes in Net Assets Available for Benefits

For the Period from January 1, 2016 to September 30, 2016 and the Year ended December 31, 2015

(c) Contributions

The Plan was a defined contribution plan under which a separate individual account was established for each participant.

Beginning in 2010, the Company was obligated to make contributions in cash to the Plan which, when aggregated with the Plan's investment income, equaled the amount necessary to enable the Plan to make its regularly scheduled payments of principal and interest due on its term loan. Contributions of \$0 and \$3,628 were made for 2016 and 2015, respectively.

(d) Participant Accounts

Contributions were allocated at the end of the Plan year to each participant's account according to a fraction, the numerator of which was the participant's compensation for the Plan's year and the denominator of which was the total compensation paid to all participants for the Plan's year. However, no contribution allocation was made to the account of a participant who was not employed on the last day of the Plan's year. Dividends declared on allocated shares were paid directly to the participants in cash based on the number of shares held in a participant's account at the date determined by the dividend declaration terms.

(e) Payment of Benefits

Upon termination of employment with the Bank, participants were entitled to a distribution of their vested interest. The vested interest was earned according to years of continuous service. A participant was 100% vested after six years of credited service at a graded rate of 20% per year of credited service beginning after two years of credited service. A participant's interest was also 100% vested in the event that service was terminated by retirement, disability, or death. Benefits are distributed in cash or in the Company's stock. The amount to be distributed was based upon the account valuation date immediately preceding the distribution.

(f) Plan Administration

The Plan administrator and the Custodian were appointed by the Bank. All administrative expenses of the Plan were paid by the Bank, and are therefore, not reflected in the accompanying financial statements.

(g) Forfeited Accounts

Forfeitures arising from participants with less than fully vested interest in the Plan were added to the Bank's contribution and reallocated to the accounts of eligible participants in accordance with the Plan document. Forfeitures of \$31,386 and \$65,184 were reallocated for the period from January 1, 2016 to September 30, 2016 and the year ended December 31, 2015, respectively.

(h) Voting Rights

Each participant was entitled to exercise voting rights attributable to the shares allocated to his or her account and was notified by the Trustee prior to the time that such rights are to be exercised. The Trustee was not permitted to vote any allocated share for which instructions have not been given by a participant. Unallocated shares were voted by the Trustee on behalf of the collective best interest of the Plan participants and beneficiaries.

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Changes in Net Assets Available for Benefits

For the Period from January 1, 2016 to September 30, 2016 and the Year ended December 31, 2015

(i) Diversification

Diversification was offered to participants close to retirement so that they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants who were age 55 or older with at least 10 years of participation in the Plan may have elected to diversify a portion of their account. Diversification was offered to each eligible participant over a six-year period. In each of the first five years, a participant may have diversified up to 25% of the number of shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%. Participants who elected to diversify received a cash distribution. Participants' accounts totaling \$760,573 and \$477,379 were transferred out of the Plan during the period from January 1, 2016 to September 30, 2016 and the year ended December 31, 2015, respectively. Participants were also able to elect to have any Company common stock dividends paid out to them in cash or have them automatically reinvested in the Company's common stock.

(j) Put Option

The put option permitted the participant to sell the employer securities to the Company, at any time during two option periods, at the current fair market value. The option periods were either within the 60 day period that began on the date on which the shares to be purchased by the Company were distributed from the Plan or within the 60 day period that began on the first day of the Plan Year immediately following the Plan Year in which the shares to be purchased by the Company are distributed from the Plan. If a participant (beneficiary) exercised their put option, the Company must purchase the Company securities at fair market value. The purpose of the put option was to ensure that the participant had the ability to ultimately obtain cash.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Valuation of Investments and Income Recognition

The Plan's investment is 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 7 for a discussion of fair value measurements. Quoted market prices are used to value the investment. Purchases and sales of the Plan's investment are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/ (depreciation) includes gains and losses on the Plan's investments bought and sold as well as held during the year.

(c) Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Changes in Net Assets Available for Benefits

For the Period from January 1, 2016 to September 30, 2016 and the Year ended December 31, 2015

(d) Payment of Benefits

Distributions to participants are recorded when paid.

(e) Cash and cash equivalents

Cash and cash equivalents may include cash and amounts due from depository institutions, interest-bearing deposits in other financial institutions, federal funds sold, and other short-term investments with original maturities of three months or less.

(3) Investments

The following table presents the Plan's investments as of September 30, 2016 and December 31, 2015:

	September 30, 2016		December 31, 2015	
	Allocated	Unallocated	Allocated	Unallocated
Northwest Bancshares, Inc. Common Stock :				
Number of shares	-	-	3,376,732	1,767,930
Cost	\$ -	-	\$ 26,141,983	20,964,654
Fair value	\$ -	-	\$ 45,214,441	23,672,583
Market price per share	\$ -	-	\$ 13.39	13.39

(4) Tax Status

The Plan obtained its latest determination letter on May 14, 2012, in which the Internal Revenue Service ("IRS") stated that the Plan is qualified, under the Code and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(5) Information Certified by Custodian

The plan administrator has elected the method of compliance by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for the period from January 1, 2016 to September 30, 2016 and the year ended December 31, 2015. Accordingly, the Custodian of the Plan has certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Changes in Net Assets Available for Benefits

For the Period from January 1, 2016 to September 30, 2016 and the Year ended December 31, 2015

benefits as of September 30, 2016 and December 31, 2015, and the related investment activity reported in the statements of changes in net assets available for benefits for the period from January 1, 2016 to September 30, 2016 and the year ended December 31, 2015 and the supplemental schedule of reportable transactions for the period from January 1, 2016 to September 30, 2016.

(6) Related Party and Party in Interest Transactions

The plan sponsor, the Bank, is a related party to the Custodian, the Northwest Bank Investment Management and Trust. The Custodian performed investment management functions for the Plan. All fees paid to the Custodian were paid by the Bank, and are therefore, not included in the financial statements. Certain administrative functions of the Plan were performed by the Company, for which no fees are charged. The Plan invested in the common stock of the Company, and therefore, these transactions qualified as party in interest transactions. The Plan earned dividends related to the investment in Company common stock of \$2,273,739 and \$2,895,862 during the period from January 1, 2016 to September 30, 2016 and the year ended December 31, 2015, respectively.

(7) Fair Value Measurements

Financial assets and liabilities recognized or disclosed at fair value on a recurring basis are measured using a three-level hierarchy of valuation technique based on whether the inputs to those valuation techniques are observable or unobservable. This hierarchy gives the highest priority to quoted prices with readily available independent data in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable market inputs (Level 3). When various inputs for measurement fall within different levels of the fair value hierarchy, the lowest level input that has a significant impact on fair value measurement is used.

Financial assets and liabilities are categorized based upon the following characteristics or inputs to the valuation techniques:

- Level 1 – Financial assets and liabilities for which inputs are observable and are obtained from reliable quoted prices for identical assets or liabilities in actively traded markets. This is the most reliable fair value measurement and includes, for example, active exchange-traded equity securities.
- Level 2 – Financial assets and liabilities for which values are based on quoted prices in markets that are not active or for which values are based on similar assets or liabilities that are actively traded. Level 2 also includes pricing models in which the inputs are corroborated by market data, for example, matrix pricing.
- Level 3 – Financial assets and liabilities for which values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Level 3 inputs include the following:
 - Quotes from brokers or other external sources that are not considered binding;
 - Quotes from brokers or other external sources where it cannot be determined that market participants would in fact transact for the asset or liability at the quoted price;
 - Quotes and other information from brokers or other external sources where the inputs are not deemed observable.

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

Statements of Changes in Net Assets Available for Benefits

For the Period from January 1, 2016 to September 30, 2016 and the Year ended December 31, 2015

The Plan is responsible for the valuation process and as part of this process may use data from outside sources in establishing fair value. The Plan performs due diligence to understand the inputs used or how the data was calculated or derived. The Plan corroborates the reasonableness of external inputs in the valuation process.

The plan held no investments that were measured at fair value on recurring basis as of September 30, 2016.

The following table represents the Plan's investments measured at fair value on a recurring basis as of December 31, 2015:

	Level 1	Level 2	Level 3	Total fair value
Northwest Bancshares, Inc.				
common stock	\$ 68,887,024	-	-	68,887,024
Cash equivalents	3,504	-	-	3,504
Total investments	<u>\$ 68,890,528</u>	<u>-</u>	<u>-</u>	<u>68,890,528</u>

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methods used in 2016 or 2015.

Common stock: Shares of common stock held are valued at the closing price on the active market on which the shares are traded.

Cash equivalents: Shares of the money market fund are valued at the quoted net asset value of shares held by the Plan at year end.

(8) Loan Payable

During 2009, the Plan entered into a line of credit totaling an amount up to approximately \$32,000,000 with the Company, the proceeds of which were used to purchase 1,034,377 shares during 2009 and 1,491,233 shares during 2010 of Company common stock. Unallocated shares were used as collateral for the line of credit. The line of credit was converted into a term note in 2010 upon the final purchase of the 2,525,610 shares of Company common stock. The \$28,851,153 term note was to be repaid over a period of 20 years with the initial payment commencing on December 29, 2010. On September 30, 2016, the Plan was merged into the 401(k) and made a loan payment totaling \$22,265,531 of which \$21,689,846 was principal and \$575,685 was interest to the Company, fully satisfying the loan.

(9) Risks and Uncertainties

The Plan's investments consisted primarily of the Company's common stock. Common stock is exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with common stock, it is at least reasonably possible that changes in the value of common stock will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

SUPPLEMENTAL INFORMATION

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

EIN: 23-2790930

Plan Number: 003

Schedule H, Line 4(i) – Schedule of Reportable Transactions

For the period from January 1, 2016 to September 30, 2016

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Category (I). Series of transactions in excess of 5% of plan assets</u>								
Federated	Federated Prime Cash Obligation Fund	\$4,426,382 *	N/A	N/A	N/A	\$ 4,426,382	\$ 4,426,382	N/A
Investors, Inc.	Federated Prime Cash Obligation Fund	N/A **	\$ 4,429,887	N/A	N/A	\$ 4,429,887	\$ 4,429,887	\$ -

* - Consists of 71 purchases

** - Consists of 65 sales

NORTHWEST BANK EMPLOYEE STOCK OWNERSHIP PLAN

EIN: 23-2790930

Plan Number: 003

Schedule H, Line 4(i) – Schedule of Reportable Transactions
For the period from January 1, 2016 to September 30, 2016

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Category (I). Series of transactions in excess of 5% of plan assets</u>								
Federated	Federated Prime Cash Obligation Fund	\$4,426,382 *	N/A	N/A	N/A	\$ 4,426,382	\$ 4,426,382	N/A
Investors, Inc.	Federated Prime Cash Obligation Fund	N/A	\$ 4,429,887	N/A	N/A	\$ 4,429,887	\$ 4,429,887	\$ -

* - Consists of 71 purchases

** - Consists of 65 sales