

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- 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 THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 12/01/1956
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN 40 SOUTH STATE STREET NEWTOWN, PA 18940-0158
2b Employer Identification Number (EIN) 23-0916895
2c Plan Sponsor's telephone number 215-860-9100
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	140
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	107
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	106
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	19
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	12
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	137
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	2
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	139
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	1
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

**a Pension Schedules**

(1)  **R** (Retirement Plan Information)

(2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached 0

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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

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**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.

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

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

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN</u>	<b>D</b> Employer Identification Number (EIN) <u>23-0916895</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>47341648</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>45962489</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>18</u>	<u>4677541</u>
	<b>b</b> For terminated vested participants .....	<u>15</u>	<u>1319723</u>
	<b>c</b> For active participants .....	<u>107</u>	<u>19171477</u>
	<b>d</b> Total .....	<u>140</u>	<u>25168741</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.27 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>1524187</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>0</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1524187</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>06/03/2025</u>
	<u>KATHERINE A. WARREN</u>	Date
	Type or print name of actuary	<u>23-05605</u>
	<u>MILLIMAN, INC.</u>	Most recent enrollment number
	Firm name	<u>610-975-8074</u>
	<u>801 CASSATT ROAD, SUITE 111</u>	Telephone number (including area code)
	<u>BERWYN, PA 19312</u>	
	Address of the firm	

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



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 1524187
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 1524187
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 1440024
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 1440024
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN</b>	<b>D</b> Employer Identification Number (EIN) <b>23-0916895</b>	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

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

<b>a</b> Name: KATHERINE A WARREN	<b>b</b> EIN: 91-0675641
<b>c</b> Position: PRINCIPAL AND CONSULTING	
<b>d</b> Address: 801 CASSATT ROAD SUITE 111 BERWYN, PA 19312	<b>e</b> Telephone: 610-975-8074

Explanation: ENROLLED ACTUARY WAS CHANGED FOR PROFESSIONAL REASONS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN</b>	<b>D</b> Employer Identification Number (EIN) <b>23-0916895</b>	

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	62746
		68644
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4004663
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	7106062
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	83230
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	9351521
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	25462933
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	1270493
		0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	47341648	50397270
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	47341648	50397270

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1500000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1500000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	290073	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	5898	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		295971
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	5603	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	242048	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	684150	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		931801
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	2056447	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	-421668	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		2478115
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-12992368	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-12992368

		(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)		11916692
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		4130211

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1074589	
(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)		1074589
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(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)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		1074589

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		3055622
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: S.R. SNODGRASS, AC

(2) EIN: 25-1616561

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		4000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 564863.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN</u>	<b>D</b> Employer Identification Number (EIN) <u>23-0916895</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): 23-0916895

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	8
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN

NEWTOWN, PENNSYLVANIA

AUDIT REPORT

MARCH 31, 2025

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
MARCH 31, 2025

	<u>Page Number</u>
Independent Auditor's Report	1-4
Statement of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Statement of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9-15
Supplemental Schedules	16-21



## INDEPENDENT AUDITOR'S REPORT

Plan Trustees

The First National Bank and Trust Company of Newtown Pension Plan

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

We have performed an audit of the financial statements of The First National Bank and Trust Company of Newtown Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of March 31, 2025 and 2024; the related statement of changes in net assets available for benefits for the years then ended; the related statement of accumulated plan benefits as of March 31, 2024; the related statement of changes in accumulated plan benefits for the year ended March 31, 2024; and the related notes to the financial statements (collectively, the financial statements).

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

Management has obtained a certification from a qualified institution as of March 31, 2025 and 2024, and for the years ended March 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

#### **PITTSBURGH, PA**

2009 Mackenzie Way • Suite 340  
Cranberry Township, PA 16066  
(724) 934-0344

#### **PHILADELPHIA, PA**

161 Washington Street • Suite 200  
Conshohocken, PA 19428  
(610) 278-9800

#### **WHEELING, WV**

980 National Road  
Wheeling, WV 26003  
(304) 233-5030

#### **STEUBENVILLE, OH**

511 N. Fourth Street  
Steubenville, OH 43952  
(304) 233-5030



### **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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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.



## **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

### **Other Matters**

#### ***Supplemental Schedules Required by ERISA***

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



**Other Matters (Continued)**

***Supplemental Schedules Required by ERISA (Continued)***

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

In our opinion:

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

Cranberry Township, Pennsylvania  
December 19, 2025

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	March 31,	
	2025	2024
<b>ASSETS</b>		
Investments, at fair value	\$ 41,802,221	\$ 43,274,239
Cash and cash equivalents	8,526,405	4,004,663
Accrued interest and dividends receivable	68,644	62,745
Total assets	\$ 50,397,270	\$ 47,341,647
<b>LIABILITIES</b>		
Net assets available for benefits	\$ 50,397,270	\$ 47,341,647

The accompanying notes are an integral part of these financial statements.

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years ended March 31,	
	2025	2024
<b>INVESTMENT INCOME</b>		
Net appreciation in fair value of investments	\$ 1,402,439	\$ 5,380,098
Interest	301,898	272,617
Dividends	925,875	847,892
Total investment income	2,630,212	6,500,607
<b>EMPLOYER CONTRIBUTIONS</b>		
Total additions	1,500,000	1,500,000
	4,130,212	8,000,607
<b>BENEFITS PAID DIRECTLY TO PARTICIPANTS</b>		
Total deductions	1,074,589	1,487,239
	1,074,589	1,487,239
Net increase	3,055,623	6,513,368
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of the year	47,341,647	40,828,279
End of the year	\$ 50,397,270	\$ 47,341,647

The accompanying notes are an integral part of these financial statements.

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
STATEMENT OF ACCUMULATED PLAN BENEFITS

	<u>Year Ended March 31, 2024</u>
VESTED BENEFITS:	
Participants currently receiving payment	\$ 5,049,265
Other participants	<u>21,902,387</u>
Total vested benefits	26,951,652
Nonvested benefits	<u>310,085</u>
 TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	 <u>\$ 27,261,737</u>

The accompanying notes are an integral part of these financial statements.

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	<u>Year ended March 31, 2024</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 26,304,820
Increase (decrease) during the year attributable to:	
Reduction in discount period	1,240,145
Benefits accumulated	1,629,238
Benefits paid to participants	(1,487,239)
Actuarial loss	(392,956)
Change in actuarial assumptions	<u>(32,271)</u>
Net increase	<u>956,917</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 27,261,737</u>

The accompanying notes are an integral part of these financial statements.

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of The First National Bank and Trust Company of Newtown Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more comprehensive description of the Plan’s provisions.

General

The Plan is a defined benefit pension plan covering substantially all employees of The First National Bank and Trust Company of Newtown (the “Company”) who have completed one year of service and are age 21 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan Administrator and Sponsor, The First National Bank and Trust Company of Newtown, is the named fiduciary responsible for administering the Plan. An administrative committee appointed by the Company's Board of Directors handles the day-to-day administration of the Plan. The Committee also determines the appropriateness of the Plan’s investment offerings, monitors investment performance.

Under the Plan provisions, amounts are credited by the Company to the participants’ hypothetical accounts. A participant’s hypothetical account is represented by the monthly retirement benefit commencing on the first day of the month coinciding with or next following his or her Normal Retirement Age (or, if later, the date of determination) payable in the normal form and in an amount determined in accordance with the Plan Document and discussed in the “Pension Benefits” section below, based on the Participant’s Average Monthly Earnings and Years of Credited Service as of the determination date.

Pension Benefits

Benefits are determined based on the participant’s hypothetical account balance. Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (70) equal to the greater of: (a) 1.7 percent of average annual compensation up to covered compensation (as defined by the Plan) plus 3 percent of average annual compensation in excess of covered compensation times years of credited service up to a maximum of 30 years, or (b) the participant’s accrued benefits as of March 31, 1989, determined under the Plan provisions in effect on the date. The Plan permits early retirement after age 55 and five years of credited service. The normal form of pension payable to an unmarried participant is a life annuity. If the participant is married, the normal retirement benefit is payable in the form of an actuarially equivalent joint and survivor annuity, unless the participant and spouse elect otherwise.

Death and Disability Benefits

The spouse of any married participant who has attained age 55 and has completed five years of credited service is eligible for a benefit if the participant should die prior to his/her normal retirement date. The monthly pension will be an amount equal to the survivor annuity, which would have been payable on the date of death had the participant retired early and selected a qualified joint and survivor annuity.

The spouse of any married vested participant who was not eligible for early retirement is also eligible for a benefit if the participant should die prior to his/her normal retirement date. The monthly pension payable at the participant’s earliest retirement date will be an amount equal to a survivor annuity had the participant separated from service on the date of death, survived to his/her earliest retirement age, selected a 50 percent qualified joint and survivor annuity, or died on the day after the day of attaining the earliest retirement.

## NOTE 1 – DESCRIPTION OF PLAN (continued)

### Death and Disability Benefits (continued)

If a participant becomes disabled, the pension benefit will be equal to the benefit that was earned up to the date of disability, but reduced because payments start before normal retirement. The disability benefit is payable for the balance of the participant's lifetime or until the participant returns to active service.

## NOTE 2 – INCOME TAX STATUS

The Plan obtained a determination letter from the Internal Revenue Service dated February 10, 2017, that stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (Code). Therefore, the Plan Administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan had taken an uncertain position that more likely than not would not be sustained upon examination by the taxing jurisdictions. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2025, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

### Funding Policy

Contributions, if any, from the Company for each fiscal year of the Plan are accrued, at a minimum, based on amounts required to be funded under provisions of ERISA. The Company's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

## NOTE 3 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting and reporting policies applied in the presentation of the accompanying financial statements follows:

### Basis of Accounting

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

### Use of Estimates

In preparing financial statements in conformity with U.S. generally accepted accounting principles, management is required to make estimates and assumptions that affect the reported amounts of assets, liabilities, and the changes therein and the disclosure of contingent assets, liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

### NOTE 3 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

#### Payment of Benefits

The vested balance of a participant's account may be paid to the participant in a lump sum upon termination of employment. Employees become fully vested after five years of service. If the balance exceeds \$1,000, the participant has the option to receive the distribution in a lump sum or defer payment to any date selected or to the age of 73, whichever is sooner. If the balance is below \$1,000, the participant will receive a lump sum cash payment. In the case of a participant's death, distribution will be made to the participant's designated beneficiary. Benefit payments to participants are recorded upon distribution.

#### Administrative Expenses

The Plan's expenses are paid by the Company, as provided in the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. In addition, certain investment-related expenses are included in net appreciation of fair value investments presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

#### Reclassification of Comparative Amounts

Certain comparative amounts for the prior year have been reclassified to conform to current-year classifications. Such reclassifications had no effect on changes in net assets available for benefits or in net assets available for benefits.

### NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated Plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

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

#### NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

Significant assumptions underlying the actuarial computations as of March 31, 2024, are as follows:

Discount rate	4.70 percent per year
Mortality	PRI-2012 White Collar Mortality table, adjusted to reflect Mortality Improvement Scale MP -2021
Retirement age	Rates apply beginning with 3 percent at age 55, 8 percent at age 60, 10 percent at age 62, 20 percent at age 64, 40 percent at age 65, 25 percent at age 66, and 100 percent at age 70 (the normal retirement age)

The significant assumptions underlying the actuarial computations as of March 31, 2025, were consistent with the above with the exception of the discount rate. The actuarial present value of accumulated benefits had a change in the discount rate from 4.85 percent to 4.70 percent during the year.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computation of the actuarial present value of accumulated Plan benefits was made as of April 1, 2024. Had the valuations been performed as of March 31, there would be no material differences.

#### NOTE 5 – PLAN TERMINATION

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

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits are insured in the event of Plan termination by the Pension Benefit Guaranty Corporation (PBGC), a government corporation established by ERISA.

#### NOTE 5 – PLAN TERMINATION (continued)

Generally, the PBGC guarantees most normal, early, and vested benefits earned by the Plan participants as well as certain survivor benefits being paid at the time of termination. The PBGC does not guarantee all types of benefits under covered plans. Additionally, there is an annually adjusted ceiling on the amount of monthly benefits that the PBGC guarantees. As of March 31, 2025, the maximum monthly guaranteed benefit was equal to \$7,432.

Whether all participants receive their benefits should the Plan terminate depends on the sufficiency at the time of the Plan's assets to provide those with benefits and may also depend on the level of benefits guaranteed by the PBGC.

#### NOTE 6 – INVESTMENTS

The following is a summary of the investment information as of March 31, 2025 and 2024, and for the years ended March 31, 2025 and 2024, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by The First National Bank and Trust Company of Newtown Trust Department (trustee) and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of Department of Labor (DOL)'s Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule, related to the following investments:

	March 31,	
	2025	2024
Investments at fair value:		
U.S. treasuries	\$ 4,825,056	\$ 4,124,662
U.S. government agencies	1,927,698	2,981,399
Municipal bonds	764,639	1,270,493
Mutual funds	26,785,492	25,462,934
Common stock	7,414,136	9,351,521
Preferred stock	85,200	83,230
Total investments at fair value	<u>\$ 41,802,221</u>	<u>\$ 43,274,239</u>

The First National Bank and Trust Company of Newtown certified to the completeness and accuracy of \$8,526,405 of cash and cash equivalents, \$68,644 of accrued interest and dividends receivable, \$1,402,439 of net appreciation in fair value of investments and \$1,227,773 of interest and dividends related to the aforementioned investments for the year ended March 31, 2025, and \$4,004,663 of cash and cash equivalents, \$62,745 of accrued interest and dividends receivable, \$5,380,098 of net appreciation in fair value of investments and \$1,120,509 of interest and dividends related to the aforementioned investments for the year ended March 31, 2024.

#### NOTE 7 – RELATED-PARTY TRANSACTIONS

The Company entered into a trust agreement with The First National Bank and Trust Company of Newtown Trust Department. Under the terms of this agreement, the trustee will hold, invest, and reinvest the Plan's funds. The Company has no right, title, or interest in or to the trust fund maintained under this agreement.

## NOTE 8 – RISKS AND UNCERTAINTIES

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

## NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

The Company absorbs some costs incurred in relation to the administration of the Plan. Such costs include legal, actuarial fees, and audit fees. This cost amounted to \$67,061 and \$68,795 for the years ended March 31, 2025 and 2024, respectively.

## NOTE 10 – FAIR VALUE MEASUREMENTS

The following disclosures show the hierarchal disclosure framework associated with the level of pricing observations utilized in measuring assets and liabilities at fair value. The three broad levels defined by U.S. generally accepted accounting principles are as follows:

- Level I: Quoted prices are available in active markets for identical assets or liabilities as of the reported date.
- Level II: Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reported date. The nature of these assets and liabilities includes items for which quoted prices are available but traded less frequently, and items that are fair-valued using other financial instruments, the parameters of which can be directly observed.
- Level III: Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable.

This hierarchy requires the use of observable market data, when available.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 or 2024.

### U.S. Treasuries and Government Agencies

The fair value is based upon available quoted market prices for similar instruments for Level II securities and valued at the closing price reported on the active market on which the individual securities are traded for Level I.

### Common Stock and Preferred Stock

Valued at the closing price reported on the active market on which the individual securities are traded.

### Mutual Funds

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

### Municipal Bonds

The fair value is estimated using the quoted market price for similar securities.

NOTE 10 – FAIR VALUE MEASUREMENTS (continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of March 31, 2025 and 2024:

	March 31, 2025			Total
	Level I	Level II	Level III	
Assets:				
U.S. treasuries	\$ 4,825,056	\$ -	\$ -	\$ 4,825,056
U.S. government agencies	-	1,927,698	-	1,927,698
Municipal bonds	-	764,639	-	764,639
Mutual funds	26,785,492	-	-	26,785,492
Common stock	7,414,136	-	-	7,414,136
Preferred stock	85,200	-	-	85,200
Total assets at fair value	<u>\$ 39,109,884</u>	<u>\$ 2,692,337</u>	<u>\$ -</u>	<u>\$ 41,802,221</u>

  

	March 31, 2024			Total
	Level I	Level II	Level III	
Assets:				
U.S. treasuries	\$ 4,124,662	\$ -	\$ -	\$ 4,124,662
U.S. government agencies	-	2,981,399	-	2,981,399
Municipal bonds	-	1,270,493	-	1,270,493
Mutual funds	25,462,934	-	-	25,462,934
Common stock	9,351,521	-	-	9,351,521
Preferred stock	83,230	-	-	83,230
Total assets at fair value	<u>\$ 39,022,347</u>	<u>\$ 4,251,892</u>	<u>\$ -</u>	<u>\$ 43,274,239</u>

NOTE 11 – SUBSEQUENT EVENTS

Subsequent to March 31, 2025, the Plan changed its actuary effective December 19, 2025. Such change will subsequently change some of the actuarial assumptions utilized in the valuation of the plan assets for the plan year ended March 31, 2026. No other events have occurred that would require adjustment to or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END)  
EMPLOYER IDENTIFICATION NUMBER 23-0916895  
PLAN NUMBER 001  
MARCH 31, 2025

(a)	(b) Identity of Issuer, 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
<u>U.S. Treasuries</u>				
	US Treasury Bill	\$150,000 principal amount, 5.25% due 6/24/25	\$ 147,972	\$ 147,972
	US Treasury Note	\$800,000 principal amount, 5.25% due 2/15/29	846,844	839,848
	US Treasury Note	\$800,000 principal amount, 3.5% due 1/31/28	784,031	791,096
	US Treasury Note	\$800,000 principal amount, 3.5% due 1/31/30	776,500	783,248
	US Treasury Note	\$700,000 principal amount, 4.0% due 06/30/28	700,539	701,750
	US Treasury Note	\$50,000 principal amount, 5.00% due 8/31/25	50,028	50,142
	US Treasury Note	\$500,000 principal amount, 4.25% due 2/15/27	498,402	501,620
	US Treasury Note	\$1,000,000 principal amount, 4.25% due 6/30/31	982,852	1,009,380
		Total U.S. Government Agencies	\$ 4,787,168	\$ 4,825,056
<u>U.S. government agencies</u>				
	Federal Home Loan Bank	\$535,000 principal amount, 4.00% due 9/29/25	\$ 535,000	\$ 534,294
	Federal Home Loan Bank	\$255,000 principal amount, 4.125% due 06/11/27	254,490	256,142
	Federal Home Loan Bank	\$425,000 principal amount, 5.00% due 7/9/29	425,000	425,310
	Federal Home Loan Bank	\$250,000 principal amount, 4.50% due 12/17/29	250,000	252,038
	Federal Farm Credit Bond	\$460,000 principal amount, 4.00% due 5/26/26	457,470	459,673
	GNMA Pool #3238	\$231 principal amount, 6.00% due 5/20/32	231	241
		Total U.S. Government Agencies	\$ 1,922,191	\$ 1,927,698

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END) (Continued)  
EMPLOYER IDENTIFICATION NUMBER 23-0916895  
PLAN NUMBER 001  
MARCH 31, 2025

(a)	(b) Identity of Issuer, 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
<u>Municipal bonds</u>				
	Boyertown PA School District	\$180,000 principal amount, 1.961% due 10/1/26	\$ 180,000	\$ 174,096
	Dauphin School District PA	\$225,000 principal amount, 4% due 11/15/30	225,000	219,526
	Hatboro Horsham PA School District TXBL	\$150,000 principal amount, 1.0% due 9/15/25	150,000	147,761
	Scanton PA SCH DIST	\$100,000 principal amount, 2.716% due 4/1/25	95,838	100,000
	Wilson Pa School Dist Txbl	\$125,000 principal amount, 3.0% due 5/15/26	125,000	123,256
		Total municipal bonds	\$ 775,838	\$ 764,639
<u>Mutual funds</u>				
	Dimensional US Equity Market ETF	17,360 Shares	\$ 999,762	\$ 1,049,933
	Fidelity Adv Stock Selector Mid Cap	25,454.099 Shares	635,499	969,568
	Fidelity Advisor Small Cap Growth	34,734.235 Shares	774,278	1,037,164
	Fidelity Contra Fund Inc Com (FCNTX)	130,909.594 Shares	1,468,620	2,620,810
	Fidelity Emerging Market Fund #322	8,151.254 Shares	280,938	306,732
	I Shares Ibonds Dec 2029 Term Corporate ETF	40,000 Shares	922,304	925,200
	I Shares Msci EAFE Core	24,500 Shares	1,461,312	1,853,425
	I Shares Select Dividend	7,000 Shares	396,886	940,030
	I Shares Tips Bond ETF	3,150 Shares	317,473	349,934
	Invesco Preferred ETF	16,300 Shares	238,112	182,886
	Invesco Water Resources ETF	8,000 Shares	161,772	516,160
	Vaneck Vec Agribusiness ETF	1,300 Shares	69,316	88,257
	Vanguard Admiral GNMA	62,062.936 Shares	681,893	577,185
	Vanguard Intermediate Term Bond Index	13,360 Shares	1,113,537	1,022,975
	Vanguard Short Term Corp	20,280 Shares	1,625,913	1,600,903
	Vanguard Total Stock Market ETF (VTI)	46,370 Shares	3,878,032	12,744,330
		Total mutual funds	\$ 15,025,647	\$ 26,785,492

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END) (Continued)  
EMPLOYER IDENTIFICATION NUMBER 23-0916895  
PLAN NUMBER 001  
MARCH 31, 2025

(a)	(b) Identity of Issuer, 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
<u>Common stock</u>				
	Abbott Labs Com	1,300 Shares	\$ 31,920	\$ 172,445
	Abbvie Inc	1,000 Shares	26,626	209,520
	Altria Group Inc.	2,000 Shares	17,103	120,040
	Apple Inc.	6,900 Shares	33,719	1,532,697
	Bank of America Corporation	3,000 Shares	76,701	125,190
	Conocophillips Company	800 Shares	50,212	84,016
	Corning Inc.	4,000 Shares	66,589	183,120
	CVS Health Corporation	2,000 Shares	107,581	135,500
	Disney (Walt) Company Holding Co	1,250 Shares	108,608	123,375
	Emerson Elec Co	1,200 Shares	55,092	131,568
	Essential Utilities Inc	5,000 Shares	42,983	197,650
	Exxon Mobil Corporation	1,300 Shares	43,261	154,609
	General Electric Company	800 Shares	94,773	160,120
	Home Depot Inc.	1,276 Shares	19,209	467,641
	Honeywell Intl Inc.	800 Shares	44,107	169,400
	Intel Corporation	4,688 Shares	14,398	106,464
	Johnson & Johnson Company	1,300 Shares	14,356	215,592
	Kimberly Clark Corporation	870 Shares	32,465	123,731
	McDonalds Corp	870 Shares	47,802	271,762
	Medtronic PLC	1,075 Shares	20,202	96,600
	Merck & Company Inc.	1,740 Shares	73,483	156,182
	Microsoft Corporation	2,880 Shares	37,170	1,081,125
	Mondelez International Inc.	1,205 Shares	10,635	81,759
	Pepsico Inc.	1,455 Shares	29,825	218,163
	Phillip Morris International Inc	1,000 Shares	19,646	158,730
	PNC Finl Svcs Group Inc	700 Shares	17,119	123,039
	Proctor & Gamble Company	1,360 Shares	36,551	231,771
	Target Corporation	1,600 Shares	54,902	166,976
	TE Connectivity	900 Shares	24,820	127,188
	Verizon Communications Inc.	2,500 Shares	55,775	113,400
	3M Co Common	1,190 Shares	64,971	174,763
		Total common stock	<u>\$ 1,372,604</u>	<u>\$ 7,414,136</u>

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR-END) (Continued)  
EMPLOYER IDENTIFICATION NUMBER 23-0916895  
PLAN NUMBER 001  
MARCH 31, 2025

(a)	(b) Identity of Issuer, 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
<u>Preferred Stocks</u>				
	Nuveen Credit Strategies Income Fund	7,000 Shares	\$ 99,405	\$ 37,660
	Tennessee Valley Authority	2,000 Shares	53,745	47,540
		Total preferred stock	<u>\$ 153,150</u>	<u>\$ 85,200</u>
<u>Total investments</u>			<u>\$ 24,036,598</u>	<u>\$ 41,802,221</u>

THE FIRST NATIONAL BANK AND TRUST COMPANY OF NEWTOWN PENSION PLAN  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
EMPLOYER IDENTIFICATION NUMBER 23-0916895  
PLAN NUMBER 001  
March 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Asset Description	Purchase Price	Selling Price	Expense Lease Rental	Incurred with Transaction	Current Cost of Asset	Value of Asset on Transaction Date	Net Gain or (Loss)

Type (i) Transactions - a single transaction in excess of 5 percent of the fair value of Plan assets

- None -

Type (ii) Transactions - series of transactions other than securities transactions in excess of 5 percent of the fair value of Plan assets

- None -

Type (iii) Transactions - series of security transactions of the same issue aggregating in excess of 5 percent of the fair value of Plan assets

JP Morgan      JP MORGAN GOVT MM      \$ 10,438,753

Type (iv) Transactions - transactions in securities with a person if any single transaction was in excess of 5 percent of the fair value of Plan assets

- None -

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Line 26a – Schedule of Active Participant Data**

The number of active participants, summarized by attained age and years of credited service as of April 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
<b>0-24</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>25-29</b>	-	4	2	-	-	-	-	-	-	-	-	6
<b>30-34</b>	-	3	2	1	-	-	-	-	-	-	-	6
<b>35-39</b>	-	2	4	1	1	-	-	-	-	-	-	8
<b>40-44</b>	-	-	3	-	1	6	-	-	-	-	-	10
<b>45-49</b>	-	2	4	-	3	4	-	-	-	-	-	13
<b>50-54</b>	-	2	-	1	2	2	5	4	2	-	-	18
<b>55-59</b>	-	1	6	6	3	2	3	-	5	1	-	27
<b>60-64</b>	-	-	2	2	-	1	1	2	-	1	-	9
<b>65-69</b>	-	-	3	1	-	-	3	-	1	-	-	8
<b>70+</b>	-	-	1	1	-	-	-	-	-	-	-	2
<b>Total</b>	-	14	27	13	10	15	12	6	8	2	-	107

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

## Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

### Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

The actuarial cost method used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is the Projected Unit Credit method, as required by FASB. Under this method, a projected benefit is determined at each active participant's assumed retirement age assuming future compensation increases. The Plan's Normal Cost is the sum of the present value of the portion of each active participant's projected benefit attributable to the current year of service. The Plan's accrued liability is the sum of (a) the present value of the portion of each active participant's projected benefit attributable to all prior years of service plus (b) the present value of each inactive participant's benefits.

### Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (5.75% per year effective April 1, 2023; 5.25% per year effective April 1, 2020; 5.75% per year effective April 1, 2019, previously 6.25% per year) or the applicable statutory interest rate for the year.

The Actuarial Value of Assets for IRC Section 404 purposes, used in determining the Maximum Deductible Contribution, reflects the Plan Sponsor's election to use segment rate stabilization as permitted under IRS Notice 2012-61.

The Market-Related Value of Assets used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is equal to the Fair Value of Assets (without inclusion of any receivable contributions).

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

### **PBGC Variable-Rate Premium Method**

The standard method is used for the PBGC variable-rate premium calculation.

### **Amortization Method**

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

For FASB ASC Topic 715 accounting purposes, cumulative unrecognized net gains or losses in excess of 10% of the greater of (a) the Market-Related Value of Assets and (b) the Projected Benefit Obligation are amortized over the average future service of active participants.

### **Changes in Actuarial Methods Since Prior Valuation**

None.

## **Summary of Actuarial Assumptions**

### **ECONOMIC ASSUMPTIONS**

#### **Interest Rates**

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	<b>Minimum Funding</b>	<b>Maximum Deductible</b>	<b>PBGC Premium</b>
Segment 1 (0–5 years)	4.75%	4.21%	4.99%
Segment 2 (5–20 years)	4.87%	4.86%	5.19%
Segment 3 (20+ years)	5.59%	4.87%	5.37%
Effective Interest Rate	5.27%	4.85%	5.29%

**ERISA minimum funding:** 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

**Maximum Deductible Contribution:** 24-month average segment rates, using a four-month lookback period, not adjusted to reflect segment rate stabilization.

**PBGC premium:** Spot segment rates for the month preceding the valuation date, not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable-rate premium calculation.

**FASB ASC Topics 715 and 960:** Discount rate of 4.70% per year (adopted December 31, 2023). This discount rate reflects the theoretical rate at which the liabilities could be settled in the bond market. It is based on the FTSE Pension Discount Curve as of December 31, 2023 and the Plan's expected benefit payments.

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

### **Asset Returns**

**ERISA minimum funding and Maximum Deductible Contribution:** Expected rate of return on plan assets of 5.75% per year effective April 1, 2023. It is based on the Plan's investment policy and Milliman's capital market expectations.

**FASB ASC Topic 715:** Expected long-term rate of return on plan assets of 6.50% per year (adopted January 1, 2020 and selected by the Plan Sponsor).

### **Compensation Increases**

5.0% per year, with increases assumed to occur at beginning of year, based on the actuary's judgement and continual review of plan experience.

### **Postretirement Benefit Increases**

The assumed future annual cost-of-living adjustment is 2% per year. It equals the maximum cost-of-living adjustment provided under the Plan.

### **Maximum Benefit and Annual Compensation Limitation Increases**

**ERISA minimum funding and Maximum Deductible Contribution:** 0% per year as required by statute.

**FASB ASC Topic 715:** 3.0% per year based on actuary's judgement.

### **Social Security Taxable Wage Base Increases**

3.5% per year, based on actuary's judgement.

### **Administrative Expenses**

None assumed payable from plan assets.

## **DEMOGRAPHIC ASSUMPTIONS**

Except where noted, demographic assumptions are based on the actuary's judgment and continual review of experience.

### **Mortality**

**ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium:** Statutory generational mortality tables for 2024 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2024 Adjusted Scale MP-2021.

**FASB ASC Topics 715 and 960:** PRI-2012 White Collar Mortality Tables projected using Projection Scale MP-2021 on a generational basis, with sex-distinct employee rates before benefit commencement and retiree rates after benefit commencement. As a generational table, it reflects mortality improvements both before and after the measurement date. The Society of Actuaries' Retirement Plans Experience Committee recommends use of the PRI-2012 table and MP-2021 scale for valuing retirement plan liabilities.

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

### Termination

Annual rates of termination are based on service as shown in the following table. The rates are based on an experience analysis covering the period from April 1, 2017, to April 1, 2023.

Years of Service	Rate
0 – 1	20%
2 – 5	8
6 – 9	7
10 – 19	4
20 – 24	2
25+	0

### Retirement

Annual rates of retirement are shown in the following table for active participants who are eligible to retire. The rates are based on an experience analysis covering the period from April 1, 2017, to April 1, 2023.

Age	Rate
55 – 59	3%
60 – 61	8
62 – 63	10
64	20
65	40
66 – 69	25
70 or older	100

### Disability

None assumed.

### Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

### Form of Payment

**For active participants:** Lump sum distribution payable upon termination, retirement, or death.

**For inactive participants with deferred benefits:** Lump sum distribution payable immediately on the valuation date.

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

### Lump Sum Distributions

**ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium:** Determined such that the present value of the lump sum distribution equals the present value of the underlying annuity benefit, except for the effect of different mortality assumptions, as required by statute.

**FASB ASC Topics 715 and 960:** Determined based on the applicable mortality table for the current plan year (currently specified in IRS Notice 2023-73) and segment interest rates of 4%, 5%, and 5.5% per year.

### Marital Characteristics

**For participants not in pay status:** 80% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females.

**For participants in pay status:** Actual birth dates of beneficiaries are included in the census data, where relevant.

### Benefits Not Valued

All plan benefits are valued.

### Special Data Adjustments

None.

### Weighted Average Retirement Age

The weighted average retirement age for active participants is 64. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table.

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
55	0.03	1.000	0.030	1.650
56	0.03	0.970	0.029	1.630
57	0.03	0.941	0.028	1.607
58	0.03	0.913	0.027	1.589
59	0.03	0.885	0.027	1.569
60	0.08	0.859	0.069	4.122
61	0.08	0.790	0.063	3.855
62	0.10	0.727	0.073	4.507
63	0.10	0.654	0.065	4.120
64	0.20	0.589	0.118	7.533

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
65	0.40	0.471	0.188	12.246
66	0.25	0.283	0.071	4.660
67	0.25	0.212	0.053	3.551
68	0.25	0.159	0.040	2.700
69	0.25	0.119	0.030	2.056
70	1.00	0.089	0.089	<u>6.258</u>
Weighted Average Retirement Age:				63.654
Rounded to Nearest Age:				64

### CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

**Interest rates for ERISA minimum funding:** From 4.75%, 5.00%, and 5.74% per year to 4.75%, 4.87%, and 5.59% per year, respectively, as required by statute.

**Interest rates for Maximum Deductible Contribution:** From 1.95%, 3.50%, and 3.85% per year to 4.21%, 4.86%, and 4.87% per year, respectively, as required by statute.

**Interest rates for PBGC premium:** From 5.00%, 5.20%, and 5.15% per year to 4.99%, 5.19%, and 5.37% per year, respectively, as required by statute.

**Discount rate for FASB ASC Topics 715 and 960:** From 4.85% per year to 4.70% per year. The discount rate was changed to reflect interest rates currently available on high-quality fixed income investments.

**Mortality for ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium:** From statutory tables for 2023 to statutory tables for 2024.

**Schedule H, line 4j – Schedule of Reportable Transactions**

Plan Name: The First National Bank and Trust Company of Newtown Pension Plan  
Employer I.D. #: 23-0916895  
Plan Number: 001

(a) Identity of party involved	(b) Description of asset (including 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)
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Schedule of Reportable Transactions is contained in the attached audit report.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan The First National Bank and Trust Company of Newtown Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The First National Bank and Trust Company of Newtown	<b>D</b> Employer Identification Number (EIN) 23-0916895	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>4</u>	Day <u>1</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	47,341,648	
<b>b</b> Actuarial value .....	<b>2b</b>	45,962,489	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	18	4,677,541	4,677,541
<b>b</b> For terminated vested participants .....	15	1,319,723	1,319,723
<b>c</b> For active participants .....	107	19,171,477	19,491,938
<b>d</b> Total .....	140	25,168,741	25,489,202
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.27 %	
<b>6</b> Target normal cost .....			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	1,524,187	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	0	
<b>c</b> Target normal cost .....	<b>6c</b>	1,524,187	

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

<b>SIGN HERE</b>	 Signature of actuary	<u>06/03/2025</u> Date
	<u>Katherine A. Warren</u> Type or print name of actuary	<u>23-05605</u> Most recent enrollment number
	<u>Milliman, Inc.</u> Firm name	<u>(610)975-8074</u> Telephone number (including area code)
	<u>801 Cassatt Road, Suite 111</u> Address of the firm	
	<u>Berwyn PA 19312</u> Address of the firm	

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

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	10,874,279
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	10,874,279
<b>10</b> Interest on line 9 using prior year's actual return of <u>16.09</u> % .....	0	1,749,671
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		1,438,353
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.42</u> % .....		77,959
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		1,516,312
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	12,623,950

<b>Part III</b>	<b>Funding Percentages</b>	
<b>14</b> Funding target attainment percentage .....	<b>14</b>	130.79%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	180.32%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	133.91%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>	<b>Contributions and Liquidity Shortfalls</b>				
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/16/2025	1,500,000				
<b>Totals ▶</b>			<b>18(b)</b>	1,500,000	<b>18(c)</b> 0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 1,440,024
<b>20</b> Quarterly contributions and liquidity shortfalls:	
<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 64

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

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

**26** Demographic and benefit information

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

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

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

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	1,524,187
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	1,524,187

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

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

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

**36** Additional cash requirement (line 34 minus line 35) .....

<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	1,440,024
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**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	1,440,024
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

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

**Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)**

Plan Name: The First National Bank and Trust Company of Newtown Pension Plan  
Employer I.D. #: 23-0916895  
Plan Number: 001

<u>(a) Identity of issue, borrower, lessor, or similar party</u>	<u>(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(c) Costs of acquisitions</u>	<u>(d) Proceeds of dispositions</u>
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Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

The weighted average retirement age for active participants is 64. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table.

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
55	0.03	1.000	0.030	1.650
56	0.03	0.970	0.029	1.630
57	0.03	0.941	0.028	1.607
58	0.03	0.913	0.027	1.589
59	0.03	0.885	0.027	1.569
60	0.08	0.859	0.069	4.122
61	0.08	0.790	0.063	3.855
62	0.10	0.727	0.073	4.507
63	0.10	0.654	0.065	4.120
64	0.20	0.589	0.118	7.533
65	0.40	0.471	0.188	12.246
66	0.25	0.283	0.071	4.660
67	0.25	0.212	0.053	3.551
68	0.25	0.159	0.040	2.700
69	0.25	0.119	0.030	2.056
70	1.00	0.089	0.089	<u>6.258</u>
Weighted Average Retirement Age:				63.654
Rounded to Nearest Age:				64

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Part V – Summary of Plan Provisions**

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

## Definitions

**Accrued Benefit:** 1.7% of Average Compensation up to Covered Compensation plus 2% of Average Compensation in excess of Covered Compensation, multiplied by Credited Service up to 30 years. The Accrued Benefit is based on Average Compensation and Credited Service as of the date of determination, and is payable in monthly installments. The Accrued Benefit for participants in pay status shall be increased each October 1 to reflect the cost of living, but not to exceed 2%.

**Actuarially Equivalent:** Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, Actuarially Equivalent factors are based on the 1971 Group Annuity Mortality Table for males, set back three years for both males and females, and a 7% interest rate. For purposes of determining lump sum amounts, Actuarially Equivalent factors are based on the applicable mortality table in effect under IRC Section 417(e)(3) for the Plan Year of distribution and the statutory three-tier segment interest rates in effect for the February prior to the Plan Year of distribution.

**Average Compensation:** The average of Compensation in the five consecutive calendar years within the last ten calendar years of service for which such average is the highest.

**Compensation:** Regular salary and wages, including qualified pre-tax salary deferrals, but excluding bonuses, commissions, overtime pay, and fringe benefits. Annual Compensation may not exceed the inflation-adjusted limit specified by the IRS (\$345,000 for the 2024 Plan Year).

**Covered Compensation:** The average of the maximum Social Security taxable wage bases for the 35-year period ending with the calendar year in which a participant attains his Social Security retirement age, rounded to the nearer lower multiple of \$12, assuming that there are no increases in the Social Security taxable wage base in effect as of the beginning of the Plan Year of termination of service.

**Credited Service:** Service before April 1, 1976 is credited on an elapsed time basis (to the nearest month) provided that the participant was scheduled to work 20 or more hours of service per week and five or more months of service per year. For Plan Years commencing on or after April 1, 1976, a full year is credited for each Plan Year in which 1,000 or more hours of service are credited. However, for the first and last Plan Years of service only, a participant shall accrue a partial year (to the nearest month) of Credited Service for each month in which 83.33 or more hours of service are credited if less than 1,000 hours of service are credited for the Plan Year.

**Plan Effective Date:** December 1, 1956; the plan was last amended effective January 1, 2016.

**Plan Year:** The 12-month period beginning April 1 and ending March 31.

## Eligibility for Participation

The April 1 or October 1 coincident with or next following attainment of age 21 and completion of twelve months of service following date of hire, or any subsequent Plan Year, in which 1,000 or more hours of service are credited.

## Normal Retirement

**Normal Retirement Date:** The first day of the month coincident with or next following the attainment of age 65.

**Normal Retirement Benefit:** The Accrued Benefit.

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Part V – Summary of Plan Provisions**

### Early Retirement

**Early Retirement Date:** The first day of any month coincident with or next following the attainment of age 55 and completion of 5 years of Credited Service.

**Early Retirement Benefit:** The Accrued Benefit, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.

### Deferred Retirement

**Deferred Retirement Date:** The first day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

**Deferred Retirement Benefit:** The greater of (a) the Accrued Benefit determined as of the Deferred Retirement Date or (b) the Accrued Benefit determined as of the Normal Retirement Date and actuarially increased to the Deferred Retirement Date.

### Termination

**Termination Date:** The date of termination of service other than for reasons of retirement or death.

**Termination Benefit:** The Accrued Benefit, multiplied by the Vested Percentage below, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 5 years of Credited Service have been completed (reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the Normal Retirement Date).

Years of Credited Service	Vested Percentage
Less than 5	0%
5 or more	100%

### Preretirement Death

**Preretirement Death Benefit Eligibility:** Surviving spouses of participants with a vested Accrued Benefit who die before commencement of payments.

**Preretirement Death Benefit:** 50% of the benefit that would have been payable had the deceased participant instead terminated service on the date of death, survived to his earliest possible benefit commencement date, elected a joint and 50% survivor annuity, and died on that same date.

### Forms of Payment

**Normal Forms:** Life annuity if single; actuarially equivalent joint and 50% survivor annuity if married.

**Optional Forms:** Life annuity; actuarially equivalent life annuity with 5 or 10 years certain; actuarially equivalent joint and 50%, 75%, or 100% survivor annuity; actuarially equivalent lump-sum (available at any age).

**Hybrid Lump Sum and Annuity Option:** A participant who terminates employment after December 31, 2015 and has attained age 55 and completed 20 years of Credited Service prior to termination may elect to receive 25%, 50%, or 75% of his or her benefit as a lump sum, with the remainder payable as an annuity.

**The First National Bank and Trust Company of Newtown Pension Plan**  
**EIN 23-0916895, PN 001**  
**2024 Schedule SB, Part V – Summary of Plan Provisions**

**Small Lump Sum:** Payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is \$1,000 or less.

**Changes in Principal Plan Provisions Since Prior Valuation**

None.

**Schedule H, line 4i – Schedule of Assets (Held At End of Year)**

Plan Name: The First National Bank and Trust Company of Newtown Pension Plan  
Employer I.D. #: 23-0916895  
Plan Number: 001

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.