Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ESSA BANK AND TRUST PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 11/01/1969

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)
CNB BANK

ONE SOUTH SECOND STREET
P.O. BOX 42
CLEARFIELD, PA 16830

2b Employer Identification Number (EIN)
25-0422340

2c Plan Sponsor's telephone number
814-765-9621

2d Business code (see instructions)
522120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2026	HEATHER KOPTCHAK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name ESSA BANK AND TRUST

c Plan Name ESSA BANK AND TRUST PENSION PLAN

4b EIN 24-0568185

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	219
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	102
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	68
b	Retired or separated participants receiving benefits	**6b**	52
c	Other retired or separated participants entitled to future benefits	**6c**	92
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	212
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	214
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
ESSA BANK AND TRUST PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CNB BANK

D Employer Identification Number (EIN)
25-0422340

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	20751784
b Actuarial value	**2b**	20751784

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	50	2422661	2422661
b For terminated vested participants	67	1419781	1419781
c For active participants	102	8676266	8676266
d Total	219	12518708	12518708

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

06/24/2026
Date

D. PATRICK MCDONALD
Type or print name of actuary

26-04834
Most recent enrollment number

FOSTER & FOSTER, INC.
Firm name

239-600-6231
Telephone number (including area code)

200 N 13TH STREET
SUITE 111
CORSICANA, TX 75110
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5081554
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5081554
10	Interest on line 9 using prior year's actual return of 10.31 %	0	523908
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.17 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5605462

Part III Funding Percentages

14	Funding target attainment percentage	14	120.98 %
15	Adjusted funding target attainment percentage	15	165.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.94 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

A Name of plan
ESSA BANK AND TRUST PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
25-0422340

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

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)

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	TRUSTEE	84073	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
ESSA BANK AND TRUST PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CNB BANK

D Employer Identification Number (EIN)
25-0422340

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): BNY MELLON, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	12942053

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM-M DB NSL LT CREDIT BIF

b Name of sponsor of entity listed in (a): BNY MELLON, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-313	C	5957266

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM-M DB NSL LT GOVT BIF

b Name of sponsor of entity listed in (a): BNY MELLON, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-276	C	2565928

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ESSA BANK AND TRUST PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
25-0422340

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	58	43697
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	20751726	21465246
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	20751784	21508943
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	20751784	21508943

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1257119
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1257119
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	415887	
(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)		415887
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	84073	
(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)		84073
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		499960
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		757159
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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, P.C. **(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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591222.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
ESSA BANK AND TRUST PENSION PLAN

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
25-0422340

Part I Distributions

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

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

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

EIN(s): 25-1926855

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 6

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705279A .

ESSA Bank & Trust Pension Plan (In Liquidation)

Stroudsburg, Pennsylvania

Financial Statements

December 31, 2025

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ESSA BANK & TRUST PENSION PLAN (IN LIQUIDATION)
DECEMBER 31, 2025

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SNODGRASS
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Trustees
ESSA Bank & Trust Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed an audit of the financial statements of ESSA Bank & Trust 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 December 31, 2025 (in liquidation) and 2024; the related statement of changes in net assets available for benefits for the years ended December 31, 2025 (in liquidation) and 2024; the statement of accumulated benefits as of December 31, 2024; and the related statement of changes in accumulated benefits for the year ended December 31, 2024; and the related notes to 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 December 31, 2025 and 2024, and for the years ended December 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).

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S.R. Snodgrass, P.C. d/b/a S.R. Snodgrass, A.C. in West Virginia

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.

Emphasis of Matter
As discussed in Note 4 to the financial statements, the Board of Directors of CNB Financial Corporation of ESSA Bank & Trust Pension Plan approved a plan of liquidation on October 28, 2025, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting for periods subsequent to October 28, 2025, from the going-concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

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.

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.

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 Schedule H, Line 4j – Schedule of Reportable Transactions as of the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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).

A. R. Snodgrass, P.C.

Cranberry Township, Pennsylvania
August 10, 2026

ESSA BANK & TRUST PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS (IN LIQUIDATION)

	December 31, 2025 (In Liquidation)	2024 (Ongoing)
ASSETS		
Investments, at fair value:		
Collective trusts	$ 21,465,246	$ 20,751,726
Accrued interest receivable	43,697	58
Total assets	21,508,943	20,751,784
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 21,508,943	$ 20,751,784

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

ESSA BANK & TRUST PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (IN LIQUIDATION)

	Period from October 29, 2025, to December 31, 2025 (In Liquidation)	Period from January 1, 2025, to October 28, 2025 (Ongoing)	December 31, 2024 (Ongoing)
INVESTMENT INCOME			
Net (depreciation) appreciation in fair value of investments	$ (63,844)	$ 1,065,169	$ 2,049,666
Interest	87,763	168,031	969
Total investment income	23,919	1,233,200	2,050,635
EMPLOYER CONTRIBUTIONS	-	-	-
Total additions	23,919	1,233,200	2,050,635
BENEFITS PAID DIRECTLY TO PARTICIPANTS	38,612	377,275	641,668
ADMINISTRATIVE EXPENSES	-	84,073	81,070
Total deductions	38,612	461,348	722,738
Net (decrease) increase	(14,693)	771,852	1,327,897
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of the year	21,523,636	20,751,784	19,423,887
End of the year	$ 21,508,943	$ 21,523,636	$ 20,751,784

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

ESSA BANK & TRUST PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS

	December 31, 2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS	
Vested benefits:	
Participants currently receiving payments	$ 2,459,533
Other participants	10,293,883
	12,753,416
Nonvested benefits	-
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 12,753,416

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

ESSA BANK & TRUST PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2024

Actuarial present value of accumulated Plan benefits at beginning of year	$	11,971,807
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions		528,984
Benefits accumulated		194,954
Interest on prior obligations		699,339
Benefits paid to participants		(641,668)
Net increase		781,609
Actuarial present value of accumulated Plan benefits at end of year	$	12,753,416

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

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the ESSA Bank & Trust Pension Plan (the "Plan") is provided for general information purposes only. Interested parties should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General

The Plan is a nondiscriminatory defined benefit pension plan covering substantially all employees of ESSA Bank & Trust (the "Bank") who have attained age 21 and completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Benefits Committee has overall responsibility for the operation and administration of the Plan. The Benefits Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Compensation Committee.

The Board of Directors of ESSA Bancorp, Inc., the Bank's holding company, adopted resolutions to freeze the status of the Plan effective February 28, 2017. Accordingly, no additional participants will enter the Plan after February 28, 2017; no additional years of credited service for benefit accrual purposes will be earned after the freeze date under the Plan; and compensation earned by participants after the freeze date will not be taken into account under the Plan.

Merger and Plan Termination

On January 9, 2025, ESSA Bancorp, Inc. ("ESSA") and ESSA Bank & Trust ("ESSA Bank"), ESSA's subsidiary bank, entered into an Agreement and Plan of Merger (the "Merger Agreement") with CNB Financial Corporation ("CNB") and CNB Bank, CNB's subsidiary bank, pursuant to which CNB will acquire ESSA. Subject to the terms and conditions of the Merger Agreement, which has been unanimously approved by the Boards of Directors of each party, ESSA will merge with and into CNB, with CNB as the surviving entity, and immediately thereafter, ESSA Bank will merge with and into CNB Bank, with CNB Bank as the surviving bank (the "Merger"). The Merger closed on July 23, 2025.

On October 28, 2025, the Board of Directors of CNB Financial Corporation (the "Board") approved the termination of the Plan. The effective date of the Plan termination was December 31, 2025. Additional details are included in Note 4 and Note 5.

Pension Benefits

Participants are eligible for normal monthly benefit payments on the first day of the month coinciding with or following the later of the date at which the participant attains age 65 and has five years of credited service to the Bank. Monthly benefit payments are based upon the number of years of benefit service and compensation as defined in the Plan agreement. A participant who has completed at least 15 years of benefit service may elect an early retirement option after attaining age 60. Under the early retirement option, monthly benefit payments are reduced by appropriate actuarial factors from the amount that would have been received at normal retirement.

Upon termination prior to retirement age, those participants whose present value of vested benefits at termination date is less than $7,000 will receive payment in the form of a single lump-sum amount in lieu of monthly benefits.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Pension Benefits (Continued)

In the event of the death of a married participant during the period when eligible for a vested benefit, a benefit is payable to the surviving spouse equal to the amount that would have been payable to the participant under an actuarial equivalent 100 percent joint and survivor annuity beginning on the day the participant would have first been eligible to retire. In the event of the death of an unmarried participant during the period when eligible for a vested benefit, a benefit is payable to the participant's beneficiary equal to an actuarial equivalent ten-year certain annuity beginning on the day the participant would have first been eligible to retire. Active employees who become totally and permanently disabled receive a disability benefit that commences on the participant's normal retirement date equal to an amount based on his or her average compensation as of the date of disability and years of credited service a participant would have completed if he or she continued to work to age 65.

Vesting

Prior to the resolution to freeze the status of the Plan effective February 28, 2017, employees became fully vested after five years of service. Effective February 28, 2017, all pension benefits earned as of that date became 100 percent vested.

NOTE 2 – 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

Due to the decision to terminate the Plan during 2025, management determined that liquidation of the Plan is imminent, and the Plan's financial statements for the period from October 29, 2025, through December 31, 2025, have been prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value, and liabilities are stated at their anticipated settlement amounts.

The 2024 financial statements, and the period from January 1, 2025, through October 28, 2025, were prepared as an ongoing accrual basis of accounting.

Accounting Estimates

The financial statements have been prepared in conformity with U.S. GAAP. In preparing the financial statements, the Plan Administrator is required to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

NOTE 2 – 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 settlement date basis for the liquidation basis period. Interest income and dividends are recorded on a liquidation basis, including amounts expected to be earned through the final distribution of Plan assets for the period October 29, 2025, through December 31, 2025. In 2024 and from January 1, 2025, through October 28, 2025, interest income is recorded on the accrual basis, and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated vested employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated Plan benefits for active employees are based on their average compensation during the five consecutive determination periods that occur in the last ten years of credited service that produce the highest average. 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 Plan benefits is determined by an actuary from the Foster & Foster Actuaries and Consultants and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2025 or 2024, were: (a) life expectancy of participants (the IRS RP-2014 White Collar Mortality Tables with fully generational mortality improvement projected using improvement scale MP-2021 for both the 2025 and 2024 valuations), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The interest rates used to discount the obligation for both 2025 and 2024 were 6.0 percent. Both the 2025 and 2024 valuations included assumed average rates of return of 6.0 percent. Had the valuations been performed as of December 31, there would be no material differences.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Distributions pursuant to the Plan termination will be paid at the participants' election by (a) purchase of a nontransferable annuity contract; (b) cash distribution of the present value of the participant's accrued benefit; (c) rollover distribution to an eligible retirement plan; or (d) a combination of cash distribution and rollover distribution to an eligible retirement plan; however, option (a) is not available if the participant's accrued benefit is $5,000 or less. Distributions of the participant's accrued benefits were made in 2025 and totaled $415,887. The remaining assets of the Plan will be distributed at a future date.

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.

Administrative Expenses

Administrative expenses of the Plan relating to investment management and recordkeeping fees are paid by the Plan. Such expenses amounted to $84,073 and $57, 014 for the years ended December 31, 2025 (in liquidation) and 2024, respectively, and are shown on the Statement of Changes in Net Assets Available for Benefits (In Liquidation). Fees relating to accounting and miscellaneous administrative expenses are paid by the Plan Sponsor. Such expenses amounted to $62,539 and $57,014 for the years ended December 31, 2025 (in liquidation) and 2024, respectively, and are excluded from the Statement of Changes in Net Assets Available for Benefits (In Liquidation).

NOTE 3 – FUNDING POLICY

The Plan's funding policy is for the Bank to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The Bank did not make a contribution during 2025.

Although it has not expressed any intention to do so, the Bank 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 4 – TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. The summary Plan description and the Plan agreement detail the priority order of participants' claims to Plan assets upon Plan termination.

Certain defined benefits are insured in the event of Plan termination by the Pension Benefit Guaranty Corporation (PBGC), a government corporation established by ERISA. 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 December 31, 2025, the maximum monthly guaranteed benefit was equal to $7,432.

NOTE 4 – TERMINATION (Continued)

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

On October 28, 2025, the Board approved the termination of the Plan. As a result, management determined that liquidation was imminent. The effective date of the Plan termination was December 31, 2025. Participants became 100 percent vested in their accounts upon termination of the Plan.

On October 29, 2025, a Notice of Plan Termination was distributed to Plan participants. In connection with the termination, CNB will be allocating 20 percent of the excess funding to certain Plan participants, including participants who terminated employment with ESSA Bank up to three years before the termination date. Participants who terminated employment on or after January 1, 2023, will benefit from the allocation, along with participants still employed by CNB and participants who are receiving a pension on December 31, 2025. Whether the participant is an active employee, a terminated vested employee, or an in-pay pensioner, they will be given the opportunity either to have their benefit provided by the insurance company or to receive an actuarially equivalent immediate lump-sum benefit from the Plan. If the participant does not elect to receive a lump sum, the benefit will be transferred to the selected insurance company, in the case of an in-pay pensioner, for continued payment and, for other vested participants (whether continuing in employment or not), to provide an immediate or deferred annuity replicating the terms of the Plan.

NOTE 5 – RECONCILIATION OF PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Upon adoption of the liquidation basis of accounting, the Plan recorded the following cumulative effect adjustments to net assets available for benefits as of the date of adoption (January 1, 2026):

Actuarial present value of vested accumulated Plan benefits as of January 1, 2025	$	12,753,416
Changes during the year due to:		
Benefits paid		(655,453)
Interest		745,828
Assumption changes [(1)]		517,261
Benefits accumulated and other		(27,373)
Actuarial present value of vested accumulated Plan benefits as of January 1, 2026	$	13,333,679

[(1)] Changes to the actuarial assumptions as of January 1, 2026, are explained below.

NOTE 5 – RECONCILIATION OF PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The segment rates were determined on a four-month look back as follows:

	2026 Plan Year		2025 Plan Year	
	Unconstrained	Constrained	Unconstrained	Constrained
First segment rate	4.81%	4.81%	5.07%	5.07%
Second segment rate	5.35%	5.25%	5.33%	5.31%
Third segment rate	5.69%	5.69%	5.36%	5.50%
Effective interest rate	5.44%	5.39%	5.33%	5.37%

Mortality rates were updated from the RP-2014 White Collar Mortality Table using MP-2021 Improvement Scale to PRI-2012 White Collar Mortality using MP-2021 Improvement Scale.

Discount rates were updated from 6.00 percent to 5.41 percent effectively (4.06 percent for the first 5 years, 5.12 percent for the next 15 years, and 5.93 percent thereafter).

Upon Plan termination, all participants are assumed to elect an annuity or lump sum. The assumed percentage of participants assumed to elect a lump sum at Plan termination is 85 percent for active participants, 100 percent for terminated vested participants hired before December 1, 2002, 0 percent for other terminated vested participants, and 50 percent for all other participants.

In the event of aggregate excess assets, such assets shall be allocated to all qualified former participants by increasing their allocable share of excess assets, and such increased benefit shall be payable at the commencement of the termination distribution window. Any remaining assets thereafter, will be paid to the Plan Sponsor.

NOTE 6 – INVESTMENTS

The following is a summary of the investment information as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, included throughout the Plan's financial statements and supplemental schedules, that were prepared by or derived from information provided by BNY Mellon, N.A. (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 the 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 schedules, related to the following investments:

	2025 (In Liquidation)	2024 (Ongoing)
Investments, at fair value:		
Collective trusts	$ 21,465,246	$ 20,751,726

NOTE 6 – INVESTMENTS (Continued)

BNY Mellon, N.A. also certified to the completeness and accuracy of $1,001,325 of net appreciation in fair value of investments and $255,794 of interest for the year ended December 31, 2025 (in liquidation) and $2,049,666 of net appreciation in fair value of investments and $969 of interest for the year ended December 31, 2024 (ongoing). Net appreciation includes investments bought and sold as well as held during the year.

NOTE 7 – TAX STATUS

The Plan obtained its latest determination letter on March 31, 2018, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds that are managed by the defined Trustee of the Plan. Therefore, related transactions qualify as related-party transactions. All other transactions that may be considered parties-in-interest transactions relate to normal Plan management and administrative services and the related payment of fees.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit 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 (In Liquidation).

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

NOTE 10 – FAIR VALUE MEASUREMENTS

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

Collective Investment Trust

Valued at the net asset value (NAV) of shares held by the Plan at year-end, adjusted for any cash held for liquidity purposes and any fees imposed by the fund, the NAV per unit is determined by dividing the net assets by the number of units outstanding on the day of valuation. In accordance with the terms of the Plan of Trust, the NAV of the fund is determined daily. Units are issued and redeemed daily, at the daily NAV. Also, the net investment income and realized and unrealized gains on investments are not distributed.

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.

As of December 31, 2025 and 2024, the fair value of the investments within the Plan are only measured at NAV. In accordance with Subtopic 820-10, certain investments measured at NAV per share (or its equivalent) are not classified in the fair value hierarchy.

Fair Value of Investments in Entities that Use NAV

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2025 and 2024.

December 31, 2025 (In Liquidation)	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Investments in collective trusts:				
BNYM-M DB NSL LT GOVT BIF	$ 2,565,928	N/A	Daily	Day prior to trade date
BNYM-M DB NSL LT CREDIT BIF	5,957,266	N/A	Daily	Day prior to trade date
EB Temporary Investment Fund	12,942,052	N/A	Daily	Same day

December 31, 2024 (Ongoing)	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Investments in collective trusts:				
BNYM-M DB NSL AGGREGATE BIF	$ 8,335,324	N/A	Daily	Day prior to trade date
BNYM-M DB NSL SC SIF	900,991	N/A	Daily	Day prior to trade date
BNYM-M DB NSL SIF	5,802,930	N/A	Daily	Day prior to trade date
BNYM-M DB NSL MC SIF	3,808,535	N/A	Daily	Day prior to trade date
BNYM-M DB NSL INTL SIF	1,866,783	N/A	Daily	Same day
EB Temporary Investment Fund	37,163	N/A	Daily	Same day

NOTE 11 – FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial instruments are defined as cash, evidence of ownership interest in an entity, or a contract that creates an obligation or right to receive or deliver cash or another financial instrument from/to a second entity on potentially favorable or unfavorable terms. Fair value is defined as the amount at which a financial instrument could be exchanged in a current transaction between willing parties other than in a forced liquidation or sale. If a quoted market price is available for a financial instrument, the fair value would be calculated based upon the market price per trading unit of the instrument.

Investments are considered financial instruments. At December 31, 2025 and 2024, the carrying amount of these financial instruments approximates fair value.

NOTE 12 – SUBSEQUENT EVENTS

On April 24, 2026, the Plan submitted PBGC Form 500 – Standard Termination Notice, PBGC Schedule EA-S – Standard Termination Certification of Sufficiency, and PBGC schedule REP-S – Standard Termination Designation of Representative to the PBGV for review. The PBGC acknowledged receipt of the materials on April 24, 2026, and, among other items, requires the Plan to complete final distributions within 240 days after the PBGC receipt date.

No other subsequent events were identified through August 10, 2026, the date these financial statements were issued.

SUPPLEMENTAL SCHEDULES

ESSA BANK & TRUST PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 24-0568185
PLAN NUMBER 001
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	BNY Mellon, N. A. - BNYM-M DB NSL LT GOVT BIF	Collective Trusts	$ 2,575,000	$ 2,565,928
*	BNY Mellon, N. A. - BNYM-M DB NSL LT CREDIT BIF	Collective Trusts	6,000,000	5,957,266
*	BNY Mellon, N. A. - EB Temporary Investment Fund	Collective Trusts due 12/31/49 – variable	12,942,052	12,942,052
	Total			$ 21,465,246

* Party in interest

ESSA BANK & TRUST PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER 24-0568185
PLAN NUMBER 001
DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Asset Description	(c) Purchase Price	(d) Selling Price	(e) Expense Lease Rental	(f) Incurred with Transaction	(g) Current Cost of Asset	(h) Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Type (i)Transactions – a single transaction in excess of 5 percent of the fair value of Plan assets								
* BNY Mellon, N.A.	BNYM-M DB NSL INTL SIF	$ -	$ 1,927,276	$ -	$ -	$ 1,188,886	$ 1,927,276	$ 738,390
* BNY Mellon, N.A.	BNYM-M DB NSL SIF	-	6,060,906	-	-	1,842,724	6,060,906	4,218,182
* BNY Mellon, N.A.	BNYM-M DB NSL AGGREGATE BIF	-	8,582,378	-	-	7,763,530	8,582,378	818,848
* BNY Mellon, N.A.	BNYM-M DB NSL LT GOVT BIF	2,575,000	-	-	-	-	2,575,000	-
* BNY Mellon, N.A.	EB Temporary Investment Fund	11,022,606	-	-	-	-	11,022,606	-
* BNY Mellon, N.A.	EB Temporary Investment Fund	1,927,276	-	-	-	-	1,927,276	-
* BNY Mellon, N.A.	BNYM-M DB NSL MC SIF	-	3,986,527	-	-	2,554,188	3,986,527	1,432,339
* BNY Mellon, N.A.	BNYM-M DB NSL LT CREDIT BIF	6,000,000	-	-	-	-	6,000,000	-
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								
* BNY Mellon, N.A.	BNYM-M DB NSL INTL SIF	$ -	$ 2,177,276	$ -	$ -	$ 1,354,667	$ 2,177,276	$ 822,609
* BNY Mellon, N.A.	BNYM-M DB NSL SIF	225,000	-	-	-	-	225,000	-
* BNY Mellon, N.A.	BNYM-M DB NSL SIF	-	6,435,906	-	-	1,958,894	6,435,906	4,477,012
* BNY Mellon, N.A.	BNYM-M DB NSL AGGREGATE BIF	375,000	-	-	-	-	375,000	-
* BNY Mellon, N.A.	BNYM-M DB NSL AGGREGATE BIF	-	9,232,378	-	-	8,374,087	9,232,378	858,291
* BNY Mellon, N.A.	BNYM-M DB NSL LT GOVT BIF	2,575,000	-	-	-	-	2,575,000	-
* BNY Mellon, N.A.	EB Temporary Investment Fund	13,607,982	-	-	-	-	13,607,982	-
* BNY Mellon, N.A.	EB Temporary Investment Fund	-	703,093	-	-	703,093	703,093	-
* BNY Mellon, N.A.	BNYM-M DB NSL MC SIF	250,000	-	-	-	-	250,000	-
* BNY Mellon, N.A.	BNYM-M DB NSL MC SIF	-	4,111,527	-	-	2,632,905	4,111,527	1,478,622
* BNY Mellon, N.A.	BNYM-M DB NSL SC SIF	75,000	-	-	-	-	75,000	-
* BNY Mellon, N.A.	BNYM-M DB NSL SC SIF	-	975,172	-	-	510,799	975,172	464,373
* BNY Mellon, N.A.	BNYM-M DB NSL LT CREDIT BIF	6,000,000	-	-	-	-	6,000,000	-
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 above information has been certified by BNY Mellon Bank, N.A., the custodian, as complete and accurate.

ESSA BANK AND TRUST PENSION PLAN
EIN: 25-0422340 / PN: 004

Schedule SB, Line 26a - Schedule of Active Participant Data

Attained Age	Years of credited service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	2	0	0	0	0	0	0	0	0
35 to 39	0	5	3	0	0	0	0	0	0	0
40 to 44	0	5	1	2	4	0	0	0	0	0
45 to 49	0	5	1	4	4	1	0	0	0	0
50 to 54	0	7	2	2	3	2	0	0	0	0
55 to 59	0	4	1	1	2	0	1	2	0	0
60 to 64	0	7	6	4	1	2	2	1	0	0
65 to 69	0	4	1	1	5	1	0	0	0	0
70 & up	0	1	0	0	1	0	0	0	0	1

ESSA BANK AND TRUST PENSION PLAN
EIN: 25-0422340 / PN: 004

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

ACTUARIAL ASSUMPTIONS

Valuation Date

January 1, 2025.

Mortality Rate

Mortality tables mandated by PPA as specified in amended IRS Regulation 1.430(h)(3)-1 applicable for the 2025 plan year, applied on a static basis, using the blended annuitant/non-annuitant tables applicable to small plans.

Interest Rates

Segment rates determined with four-month lookback, as constrained in accordance with applicable regulations as follows:

	2025 Plan Year		2024 Plan Year	
	Unconstrained	Constrained	Unconstrained	Constrained
First Segment Rate	5.07%	5.07%	3.62%	4.75%
Second Segment Rate	5.33%	5.31%	4.46%	4.87%
Third Segment Rate	5.36%	5.50%	4.52%	5.59%
Effective Interest Rate	5.33%	5.37%	4.45%	5.17%

Salary Increases

None, plan is frozen for benefit accrual.

Administrative Expenses

None – not paid from plan assets.

Withdrawal

Sample rates for assumed withdrawal are as follows:

Age	Rate
20	7.94%
25	7.72%
30	7.22%
35	6.28%
40	5.15%
45	3.98%
50	2.56%
55	0.94%
60	0.09%
65	0.00%

Retirement

100% at Normal Retirement Age and no early retirement rates.

Disability

None.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Form of payment	100% of retiring participants hired on or before November 30, 2002 are assumed to elect a lump sum. 100% of retiring participants hired after November 30, 2002 are assumed to elect a single life annuity. The lump sums are based on the applicable IRS Mortality Table under 417(e)(3) as of the valuation date and the segment interest rates noted above (annuity substitution).
Spouses	80% of participants are assumed to be married with the husband three years older than his wife.

ACTUARIAL METHODS

Actuarial Cost Method	The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year.
Asset Method	Market value, including the discounted value of accrued contributions.

JUSTIFICATION FOR ASSUMPTIONS/METHODS

The assumptions, other than those mandated by law, were selected by the actuary. The assumptions selected are believed to be reasonable given the plan provisions, the size of the plan, and taking into account the actuary's best estimate of future plan experience. The asset method was selected by the plan sponsor and is an acceptable method under current law.

CHANGES SINCE THE PRIOR VALUATION

The valuation reflects the required updates of the segment interest rates and the updated mortality assumption in accordance with PPA (including the lump sum mortality table).

ESSA BANK & TRUST PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EMPLOYER IDENTIFICATION NUMBER 24-0568185
PLAN NUMBER 001
DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Asset Description	(c) Purchase Price	(d) Selling Price	(e) Expense Lease Rental	(f) Incurred with Transaction	(g) Current Cost of Asset	(h) Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Type (i)Transactions – a single transaction in excess of 5 percent of the fair value of Plan assets								
* BNY Mellon, N.A.	BNYM-M DB NSL INTL SIF	$ -	$ 1,927,276	$ -	$ -	$ 1,188,886	$ 1,927,276	$ 738,390
* BNY Mellon, N.A.	BNYM-M DB NSL SIF	-	6,060,906	-	-	1,842,724	6,060,906	4,218,182
* BNY Mellon, N.A.	BNYM-M DB NSL AGGREGATE BIF	-	8,582,378	-	-	7,763,530	8,582,378	818,848
* BNY Mellon, N.A.	BNYM-M DB NSL LT GOVT BIF	2,575,000	-	-	-	-	2,575,000	-
* BNY Mellon, N.A.	EB Temporary Investment Fund	11,022,606	-	-	-	-	11,022,606	-
* BNY Mellon, N.A.	EB Temporary Investment Fund	1,927,276	-	-	-	-	1,927,276	-
* BNY Mellon, N.A.	BNYM-M DB NSL MC SIF	-	3,986,527	-	-	2,554,188	3,986,527	1,432,339
* BNY Mellon, N.A.	BNYM-M DB NSL LT CREDIT BIF	6,000,000	-	-	-	-	6,000,000	-
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								
* BNY Mellon, N.A.	BNYM-M DB NSL INTL SIF	$ -	$ 2,177,276	$ -	$ -	$ 1,354,667	$ 2,177,276	$ 822,609
* BNY Mellon, N.A.	BNYM-M DB NSL SIF	225,000	-	-	-	-	225,000	-
* BNY Mellon, N.A.	BNYM-M DB NSL SIF	-	6,435,906	-	-	1,958,894	6,435,906	4,477,012
* BNY Mellon, N.A.	BNYM-M DB NSL AGGREGATE BIF	375,000	-	-	-	-	375,000	-
* BNY Mellon, N.A.	BNYM-M DB NSL AGGREGATE BIF	-	9,232,378	-	-	8,374,087	9,232,378	858,291
* BNY Mellon, N.A.	BNYM-M DB NSL LT GOVT BIF	2,575,000	-	-	-	-	2,575,000	-
* BNY Mellon, N.A.	EB Temporary Investment Fund	13,607,982	-	-	-	-	13,607,982	-
* BNY Mellon, N.A.	EB Temporary Investment Fund	-	703,093	-	-	703,093	703,093	-
* BNY Mellon, N.A.	BNYM-M DB NSL MC SIF	250,000	-	-	-	-	250,000	-
* BNY Mellon, N.A.	BNYM-M DB NSL MC SIF	-	4,111,527	-	-	2,632,905	4,111,527	1,478,622
* BNY Mellon, N.A.	BNYM-M DB NSL SC SIF	75,000	-	-	-	-	75,000	-
* BNY Mellon, N.A.	BNYM-M DB NSL SC SIF	-	975,172	-	-	510,799	975,172	464,373
* BNY Mellon, N.A.	BNYM-M DB NSL LT CREDIT BIF	6,000,000	-	-	-	-	6,000,000	-
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 above information has been certified by BNY Mellon Bank, N.A., the custodian, as complete and accurate.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
ESSA BANK AND TRUST PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CNB BANK

D Employer Identification Number (EIN)
25-0422340

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	2a	20,751,784
b Actuarial value	2b	20,751,784

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	50	2,422,661	2,422,661
b For terminated vested participants	67	1,419,781	1,419,781
c For active participants	102	8,676,266	8,676,266
d Total	219	12,518,708	12,518,708

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.37%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	0
c Target normal cost	6c	0

Statement by Enrolled Actuary

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

SIGN HERE

D. Patrick McDonald DPM
Signature of actuary

06/24/2026
Date

D. PATRICK MCDONALD
Type or print name of actuary

2604834
Most recent enrollment number

FOSTER & FOSTER, INC.
Firm name

239-600-6231
Telephone number (including area code)

200 N 13TH STREET
SUITE 111
CORSICANA TX 75110
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,081,554
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5,081,554
10	Interest on line 9 using prior year's actual return of 10.31 %	0	523,908
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.17 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	5,605,462

Part III Funding Percentages

14	Funding target attainment percentage	14	120.98 %
15	Adjusted funding target attainment percentage	15	165.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.94 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under 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

ESSA BANK AND TRUST PENSION PLAN
EIN: 25-0422340 / PN: 004

SCHEDULE SB NOTES FOR 2025 PLAN YEAR

In preparing this Schedule SB, the actuary relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on participants covered by the Plan. Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, increases or decreases expected as part of the natural operation of the methodology used for the measurements, and changes in the plan provisions or applicable laws. Due to limited scope, the actuary has not performed any analysis of the potential range of such future differences.

ESSA BANK AND TRUST PENSION PLAN
EIN: 25-0422340 / PN: 004

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	79.3225	1.0000	79.3225	5,155.9613
66	2.0000	1.0000	2.0000	132.0000
67	0.0000	1.0000	0.0000	0.0000
68	1.0000	1.0000	1.0000	68.0000
69	1.0000	1.0000	1.0000	69.0000
70	2.0000	1.0000	2.0000	140.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	1.0000	1.0000	1.0000	78.0000
Total			86.3225	5,642.9613
Average				65.37

The assumed rate of retirement is 100% at Normal Retirement Age (age 65 and 5 years of participation).

ESSA BANK AND TRUST PENSION PLAN
EIN: 25-0422340 / PN: 004

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

ACTUARIAL ASSUMPTIONS

Valuation Date

January 1, 2025.

Mortality Rate

Mortality tables mandated by PPA as specified in amended IRS Regulation 1.430(h)(3)-1 applicable for the 2025 plan year, applied on a static basis, using the blended annuitant/non-annuitant tables applicable to small plans.

Interest Rates

Segment rates determined with four-month lookback, as constrained in accordance with applicable regulations as follows:

	2025 Plan Year		2024 Plan Year	
	Unconstrained	Constrained	Unconstrained	Constrained
First Segment Rate	5.07%	5.07%	3.62%	4.75%
Second Segment Rate	5.33%	5.31%	4.46%	4.87%
Third Segment Rate	5.36%	5.50%	4.52%	5.59%
Effective Interest Rate	5.33%	5.37%	4.45%	5.17%

Salary Increases

None, plan is frozen for benefit accrual.

Administrative Expenses

None – not paid from plan assets.

Withdrawal

Sample rates for assumed withdrawal are as follows:

Age	Rate
20	7.94%
25	7.72%
30	7.22%
35	6.28%
40	5.15%
45	3.98%
50	2.56%
55	0.94%
60	0.09%
65	0.00%

Retirement

100% at Normal Retirement Age and no early retirement rates.

Disability

None.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Form of payment	100% of retiring participants hired on or before November 30, 2002 are assumed to elect a lump sum. 100% of retiring participants hired after November 30, 2002 are assumed to elect a single life annuity. The lump sums are based on the applicable IRS Mortality Table under 417(e)(3) as of the valuation date and the segment interest rates noted above (annuity substitution).
Spouses	80% of participants are assumed to be married with the husband three years older than his wife.

ACTUARIAL METHODS

Actuarial Cost Method	The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year.
Asset Method	Market value, including the discounted value of accrued contributions.

JUSTIFICATION FOR ASSUMPTIONS/METHODS

The assumptions, other than those mandated by law, were selected by the actuary. The assumptions selected are believed to be reasonable given the plan provisions, the size of the plan, and taking into account the actuary's best estimate of future plan experience. The asset method was selected by the plan sponsor and is an acceptable method under current law.

CHANGES SINCE THE PRIOR VALUATION

The valuation reflects the required updates of the segment interest rates and the updated mortality assumption in accordance with PPA (including the lump sum mortality table).

ESSA BANK AND TRUST PENSION PLAN
EIN: 25-0422340 / PN: 004

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	November 1, 1969. Plan was amended and restated as of January 1, 2025.
Coverage and Participation	Covered employees become participants upon the attainment of age 21 and the completion of one year of service. As of February 28, 2017, participation in the Plan was Frozen. No new employees are eligible to enter the Plan after February 28, 2017.
Credited Service	A year of service equals 1000 Hours of Service in a calendar year. Service from date of employment is counted. If an Employee is credited with at least 83 Hours of Service from December 1, 2006 to December 31, 2006, he shall receive one-twelfth of a year of Vesting Service and Benefit Accrual Service.
Vesting Service	A year of service equals 1000 Hours of Service in a calendar year.
Annual Compensation	Compensation reportable as wages on Federal Form W-2, excluding severance payments. In addition, Compensation shall also mean employer contributions made pursuant to a salary reduction agreement which are not currently includable in the Participant's gross income by reason of the application of Code Sections 125, 132(f)(4), 402(a)(3), 402(h)(1)(B) or 403(b). Annual compensation not in excess of $200,000 per year (as indexed).
Average Monthly Compensation	Compensation averaged on a monthly basis over the five consecutive Years of Credited Service during the ten-year period immediately preceding the Date of Determination which produce the highest monthly average (or during such lesser period as constitutes the Participant's total Credited Service). In determining Average Monthly Compensation, in no event will a Participant's Compensation earned after February 28, 2017 be considered.
Accrued Benefit	For all Participants, the monthly Normal Retirement Benefit shall be equal to (1) the product of a Participant's Years of Benefit Service to December 31, 2007 not in excess of 30 years and 1.5% of his Average Monthly Compensation, plus the product of a Participant's Years of Benefit Service to December 31, 2007 in excess of 30 years and 0.5% of his Average Monthly Compensation; plus (2) The product of a Participant's Years of Benefit Service on or after January 1, 2008, and 0.75% of his Average Monthly Compensation. Any Non-Highly Compensated Plan Participant as of October 31, 1989, who, as of such date, had a benefit projected to Normal Retirement (assuming no salary increases) determined under the formula below which exceeded his projected benefit determined under the formula in subparagraphs (1) and (2) above, shall have his Normal Retirement Benefits determined using the formula above or using the following formula, whichever will produce the greater benefit: The monthly Normal Retirement Benefit shall be equal to 40% of Average Monthly Compensation plus 30% of Average Monthly Compensation in excess of $1500, reduced by 1/15th for each Year of

	Participation the Participant would have at Normal Retirement that is less than 15.
	In the event that any Non-Highly Compensated Participant becomes classified as a Highly Compensated Participant, future benefit accruals will be calculated utilizing the benefit formula in paragraphs (1) and (2) above.
	Minimum Benefit. In no event may the monthly Normal Retirement Benefit be less than the greater of:
	(i) Any Early Retirement Benefit to which the Participant was entitled, or (ii) The equivalent actuarial value of benefit accrued as of October 31, 1989.
Normal Retirement	
Eligibility	Normal Retirement Date: The first day of the month coincident with or following the later of the Participant's sixty-fifth (65th) birthday or the fifth anniversary of the Date of Employment.
Monthly Benefit	Accrued Benefit as of normal retirement date, payable immediately.
Early Retirement	
Eligibility	Age 60 and 15 Years of Vesting Service.
Monthly Benefit	Accrued Benefit as of Early Retirement Date, payable at age 65.
	In lieu of the deferred benefit, a Participant may elect an immediate benefit equal to the accrued benefit, reduced by 6% for each year the Participant's Early Retirement Date precedes his Normal Retirement Date.
Deferred Vested Retirement	
Eligibility	Completion of five years of Vesting Service at termination of employment. All Participants are vested upon termination of employment after February 28, 2017.
Monthly Benefit	Accrued Benefit as of date of termination, payable as of Normal Retirement Date. If the Participant has attained age 60 with fifteen years of Vesting Service, in lieu of the deferred benefit, an immediate benefit equal to the accrued benefit, reduced by 6% for each year the Participant's Early Retirement Date precedes his Normal Retirement Date.
Normal Form of Payment	Life Annuity if single or an actuarially equivalent 100% Joint and Survivor Annuity if married.
Optional Forms of Payment	Actuarial equivalent of Normal Form of Payment as:
	Life annuity with period certain of ten years;
	Joint and survivor annuity with 50%, 75% or 100% continuing to surviving spouse; and

Lump sum. Available only to participants hired on or before November 30, 2002 (except that the cashout of small benefits is available to all Participants).

Actuarial equivalence is based on GAM-1983 Mortality Table and 8.0%, except for the lump sum, which is based on the applicable mortality table under IRC Section 417(e) and the applicable segment interest rates for the fourth calendar month preceding the month containing the annuity starting date (stability period).

Preretirement Death Benefits

In accordance with the provisions of the Retirement Equity Act, a monthly benefit is payable to the spouse of certain vested Participants who die after August 23, 1984, with payments commencing on the Participant's Early Retirement Date. The spouse's benefit is equal to 100% of the Participant's vested benefit, reduced for the 100% Qualified Joint & Survivor form of payment and reduced for payment commencing at Early Retirement Date.

If an unmarried Participant has been credited with service earned on or after January 1, 2013; has vested benefits under the Plan which have not been assigned to an alternate payee under a Qualified Domestic Relations Order, and dies prior to his Annuity Starting Date, then such Participant's beneficiary shall be entitled to receive a Ten Year Certain Death Benefit. The Ten Year Certain Death Benefit shall consist of 120 monthly payment to the beneficiary as if:

(1) in the case of a Participant who dies after the date on which the Participant attained his Earliest Retirement Age, such Participant had retired on the date before his death and had elected immediate retirement under the Life Annuity, Ten Years Certain option, or

(2) in the case of a Participant who dies before the date on which the Participant would have attained his Earliest Retirement Age, such Participant had:

- (a) separated from service on the date of death,
- (b) survived to the Earliest Retirement Age,
- (c) retired and elected immediate retirement under the Life Annuity, Ten Years Certain option,
- (d) died on the day after the day on which such Participant would have attained his Earliest Retirement Age.

The term "Earliest Retirement Age" means the earliest date on which, under the Plan, the Participant could have elected to receive retirement benefits based on his Years of Service at his death.

Maximum Benefits

All benefits are subject to the limitations under Internal Revenue Code Section 415, as indexed.

Contributions

The company is responsible for all contributions required under the Plan.

Changes Since the Prior Valuation

None.

ESSA BANK AND TRUST PENSION PLAN
EIN: 25-0422340 / PN: 004

Schedule SB, Line 26a - Schedule of Active Participant Data

Attained Age	Years of credited service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	2	0	0	0	0	0	0	0	0
35 to 39	0	5	3	0	0	0	0	0	0	0
40 to 44	0	5	1	2	4	0	0	0	0	0
45 to 49	0	5	1	4	4	1	0	0	0	0
50 to 54	0	7	2	2	3	2	0	0	0	0
55 to 59	0	4	1	1	2	0	1	2	0	0
60 to 64	0	7	6	4	1	2	2	1	0	0
65 to 69	0	4	1	1	5	1	0	0	0	0
70 & up	0	1	0	0	1	0	0	0	0	1

ESSA BANK AND TRUST PENSION PLAN
EIN: 25-0422340 / PN: 004

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	79.3225	1.0000	79.3225	5,155.9613
66	2.0000	1.0000	2.0000	132.0000
67	0.0000	1.0000	0.0000	0.0000
68	1.0000	1.0000	1.0000	68.0000
69	1.0000	1.0000	1.0000	69.0000
70	2.0000	1.0000	2.0000	140.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	1.0000	1.0000	1.0000	78.0000
Total			86.3225	5,642.9613
Average				65.37

The assumed rate of retirement is 100% at Normal Retirement Age (age 65 and 5 years of participation).

ESSA BANK AND TRUST PENSION PLAN
EIN: 25-0422340 / PN: 004

Schedule SB, Part V – Summary of Plan Provisions

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Maximum Benefits

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Contributions

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Changes Since the Prior Valuation

None.

ESSA BANK & TRUST PENSION PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER IDENTIFICATION NUMBER 24-0568185
PLAN NUMBER 001
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	BNY Mellon, N. A. - BNYM-M DB NSL LT GOVT BIF	Collective Trusts	$ 2,575,000	$ 2,565,928
*	BNY Mellon, N. A. - BNYM-M DB NSL LT CREDIT BIF	Collective Trusts	6,000,000	5,957,266
*	BNY Mellon, N. A. - EB Temporary Investment Fund	Collective Trusts due 12/31/49 – variable	12,942,052	12,942,052
	Total			$ 21,465,246

* Party in interest