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 6047(e), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HAMOT HEALTH FOUNDATION CASH ACCOUNT PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1965

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
HAMOT HEALTH FOUNDATION

201 STATE STREET
ERIE, PA 16550-0001

2b Employer Identification Number (EIN)
25-1400999

2c Sponsor's telephone number
814-877-6000

2d Business code (see instructions)
622000

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.	04/12/2011	JOSEPH BUTLER
	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 (if same as plan sponsor, enter "Same")
HAMOT HEALTH FOUNDATION

201 STATE STREET
ERIE, PA 16550-0001

3b Administrator's EIN
25-1400999

3c Administrator's telephone number
814-877-6000

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2348
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1094
b	Retired or separated participants receiving benefits	**6b**	342
c	Other retired or separated participants entitled to future benefits	**6c**	802
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2238
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	40
f	Total. Add lines **6d** and **6e**	**6f**	2278
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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:
1C 1G 3H

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

9a Plan funding arrangement (check all that apply)

(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

b General Schedules

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **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
HAMOT HEALTH FOUNDATION CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HAMOT HEALTH FOUNDATION

D Employer Identification Number (EIN)
25-1400999

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

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

Part I Basic Information

1	Enter the valuation date: Month 07 Day 01 Year 2009			
2	Assets:			
a	Market value	2a		41815725
b	Actuarial value	2b		41390515
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	360	15357423
b	For terminated vested participants	3b	831	10976089
c	For active participants:			
	(1) Non-vested benefits	3c(1)		909577
	(2) Vested benefits	3c(2)		24052644
	(3) Total active	3c(3)	1158	24962221
d	Total	3d	2349	51295733
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		7.44 %
6	Target normal cost	6		373204

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

	04/06/2011
Signature of actuary	Date
ROBERT D. FICK	11-05435
Type or print name of actuary	Most recent enrollment number
MERCER US INC.	412-355-8800
Firm name	Telephone number (including area code)
SIX PPG PLACE, SUITE 400 PITTSBURGH, PA 15222-5406	
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 (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of -11.03 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		826177
b	Interest on (a) using prior year's effective rate of 6.09 %		50273
c	Total available at beginning of current plan year to add to prefunding balance		876450
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.69 %
15	Adjusted funding target attainment percentage	15	80.69 %
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	81.03 %
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
10/15/2009	500000				
01/15/2010	500000				
04/14/2010	600000				
05/28/2010	500000				
03/15/2011	500000				
			Totals ► 18(b)	2600000	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 contribution from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2448621

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

c If 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
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. ..... [X] Yes [ ] No

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

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

27 If the plan is eligible for (and is using) 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 contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29**

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 373204

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9905218	1905578
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 (item 31 + item 32a + item 32b – item 33) **34** 2278782

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 2278782

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 2448621

38 Interest-adjusted excess contributions for current year (see instructions) **38** 182475

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
HAMOT HEALTH FOUNDATION CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HAMOT HEALTH FOUNDATION

D Employer Identification Number (EIN)
25-1400999

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).. . . . . [X] 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

PNC BANK, NATIONAL ASSOCIATION

25-1211909

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
19 27 28 33 49 50 51 71 72 99	NONE	184212	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MERCER

13-2834414

(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?
11	NONE	217001	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PNC ADVISORS

25-1211909

(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?
28	NONE	12106	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(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
MORGAN STANLEY SMITH BARNEY LLC	49 99	0

(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.
AMERICAN FUNDS 95-1411037	TO ESTIMATE COMPENSATION, MSSB DIVIDED THE AGGREGATE PROVIDER REVENUE SHARING PAYMENT IN 2009 BY THE AVERAGE PROVIDER ASSETS HELD BY ALL MSSB NON-ADVISORY ACCOUNTS IN 2009, EQUALING 0.03% PER DOLLAR INVESTED(APPLY TO NON-ADVISORY ACCTS ONLY).

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 99	0

(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.
ALPINE FUNDS 13-6915301	ANNUAL RATE OF 0.12% OF AVERAGE DAILY ASSETS ON EQUITY AND FIXED INCOME INVESTMENTS (APPLIES TO NON-ADVISORY ACCOUNTS ONLY).

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 99	0

(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.
AMERICAN FUNDS 95-1411037	TO ESTIMATE COMPENSATION, MSSB DIVIDED THE AGGREGATE PROVIDER REVENUE SHARING PAYMENT IN 2009 BY THE AVERAGE PROVIDER ASSETS HELD BY ALL MSSB NON-ADVISORY ACCOUNTS IN 2009, EQUALING 0.03% PER DOLLAR INVESTED(APPLY TO NON-ADVISORY ACCTS ONLY).

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
MORGAN STANLEY SMITH BARNEY LLC	49 99	0

(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.
ALLIANZ / PIMCO 33-0629048	TO ESTIMATE COMPENSATION, MSSB DIVIDED THE AGGREGATE PROVIDER REVENUE SHARING PAYMENT IN 2009 BY THE AVERAGE PROVIDER ASSETS HELD BY ALL MSSB NON-ADVISORY ACCOUNTS IN 2009, EQUALING 0.05% PER DOLLAR INVESTED(APPLY TO NON-ADVISORY ACCTS ONLY).

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 99	0

(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.
ALLIANCEBERNSTEIN L.P. 13-4064930	TO ESTIMATE COMPENSATION, MSSB DIVIDED THE AGGREGATE PROVIDER REVENUE SHARING PAYMENT IN 2009 BY THE AVERAGE PROVIDER ASSETS HELD BY ALL MSSB NON-ADVISORY ACCOUNTS IN 2009, EQUALING 0.09% PER DOLLAR INVESTED(APPLY TO NON-ADVISORY ACCTS ONLY).

(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

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

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 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
HAMOT HEALTH FOUNDATION CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HAMOT HEALTH FOUNDATION

D Employer Identification Number (EIN)
25-1400999

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	722839	500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	124244	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5255548	1768922
(2) U.S. Government securities	1c(2)	5482975	8193105
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4393091	4878990
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6900888	2838145
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18938922	27239836
(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)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	41818507	45418998
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	40559
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	40559
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	41818507	45378439

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)	2600000	
	(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)		2600000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	880	
	(B) U.S. Government securities	2b(1)(B)	131393	
	(C) Corporate debt instruments	2b(1)(C)	538316	
	(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)		670589
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	975351	
	(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)		975351
	(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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1175527	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1175527
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1856622
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7278089
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3147209	
(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)		3147209
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	570948	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		570948
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3718157
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3559932
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] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

(1) Name: PARENTEBEARD LLC (2) EIN: 23-2932984

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

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

Part IV Compliance Questions

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

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		500000
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? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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)

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 section 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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
HAMOT HEALTH FOUNDATION CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HAMOT HEALTH FOUNDATION

D Employer Identification Number (EIN)
25-1400999

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): 25-1211909 13-2655998

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** 54

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 **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 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(es). 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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 25% Investment-Grade Debt: 20% High-Yield Debt: _____% Real Estate: 2% Other: 53%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ParenteBeard

Independent Auditors' Report

Participants and Plan Administrator
Hamot Health Foundation Cash Account Pension Plan

We have audited the accompanying statement of net assets available for benefits of the Hamot Health Foundation Cash Account Pension Plan (the "Plan") as of June 30, 2010 and 2009 and the related statement of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of June 30, 2009, and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of June 30, 2010, and changes therein for the year then ended and its financial status as of June 30, 2009, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of June 30, 2010 and supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended June 30, 2010 are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

ParenteBeard LLC

Pittsburgh, Pennsylvania
April 11, 2011

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

A	B	C	D	E
		Calculations		
Age	Rates of Retirement	Lx	Number Retired	# Retired x Age
60	15.00%	10,000	1,500	90,000
61	20.00%	8,500	1,700	103,700
62	25.00%	6,800	1,700	105,400
63	30.00%	5,100	1,530	96,390
64	35.00%	3,570	1,250	79,968
65	60.00%	2,321	1,392	90,500
66	80.00%	928	743	49,009
67	100.00%	186	186	12,438
	Total		10,000	627,404

The weighted average retirement age is the total for column E divided by the total for column D, rounded to the nearest integral age. It should be noted that while only integral values are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

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

Actuarial assumptions

Discount rate elections[1]	
▪ Full Yield Curve – 3 month lookback	
Mortality elections	
▪ Healthy participants	2009 PPA separate static annuitant and nonannuitant mortality tables
▪ Disabled participants	2009 PPA separate static annuitant and nonannuitant mortality tables
Cash balance plans	
▪ Interest accumulation rate	4.25%
▪ Whipsaw calculations	N/A
▪ Annuity conversion	
– Mortality table	N/A
– Interest rate basis	N/A
Other economic assumptions	
▪ Salary increases	3.50%
▪ Flat-dollar benefit increases	N/A
▪ Social Security wage base	3.00% per year
▪ Inflation	2.50% per year
▪ Expected investment return	8.00%
▪ Expense assumption	$350,000 added to current year normal cost
Demographic assumptions	
Withdrawal	90.0% of the 2003 SOA termination table
Disability incidence	1985 Pension Disability table, Class 2
Retirement	See table of sample rates.
Benefit commencement age for	
▪ Future vested deferred	Age 65 for grandfathered participants; Age 63 for non-grandfathered participants
▪ Current vested deferred	Age 65 for grandfathered participants; Age 63 for non-grandfathered participants and grandfathered participants with $0 account balance

[1] Based on interest rate methodology elections described below.

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

Spouse assumptions	**Male participants**	**Female participants**
▪ Percentage married	80%	65%
▪ Spouse age difference	3 years younger	3 years older

Form of payment	**Lump sum**	**Single life w/3cc**	**J&S**
▪ Active retirements (grandfathered)	0%	66-2/3%	33-1/3%
▪ Active retirements (non-grandfathered)	100%	0%	0%
▪ Future vested deferred (grandfathered)	0%	66-2/3%	33-1/3%
▪ Future vested deferred (non-grandfathered)	100%	0%	0%
▪ Future disabilities (grandfathered)	0%	66-2/3%	33-1/3%
▪ Future disabilities (non-grandfathered)	100%	0%	0%
▪ Future deaths	100%	0%	0%
▪ Current vested deferred (grandfathered)	0%	100%	0%
▪ Current vested deferred (non-grandfathered)	100%	0%	0%

Table of Sample Rates

Retirement Rates

Attained Age	**Annual Rates of Retirement Per 100 Eligible Participants**
60	15.0
61	20.0
62	25.0
63	30.0
64	35.0
65	60.0
66	80.0
67	100.0

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

Actuarial methods

Asset methods

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is the average asset value over a two month period using 3 data points (a determination period of one month). The resulting value cannot be less than 90% or greater than 110% of the fair market value.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70 ½. This has no material effect on the valuation.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are not valued including the late retirement actuarial increase.

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

- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Plan sponsor elections

- **Funding interest rate**
  - Full yield curve
  - Three look-back months

Minimum funding method

Target liability for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **accrued liability** is the present value of benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit deemed to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target liability** is the sum of the accrued liabilities for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target liability. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected accrued liability** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the accrued liability for an individual is the sum of the component accrued liabilities associated with the various anticipated separation dates.

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

- The plan's **projected funding target liability** is the sum of the projected accrued liabilities for all participants under the plan

Plan provisions

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date and plan year	Original plan: January 1, 1965 Restated plan: July 1, 2005 Plan year: July 1 to June 30
Status of the plan	The plan has no ongoing benefit accruals and new employees are not eligible to participate in the plan.
Significant events that occurred during the year	None.
Definitions	
▪ Covered employees	Employees hired before July 1, 2003
▪ Participation	Limited to participants as of July 1, 2003. No new employees will participate in plan.
▪ Employee contributions	None.
▪ Vesting and Credited service	For determining the Accrued Benefit earned through June 30, 1987 under the prior plan in effect through that date, credited service was measured on the basis of years of plan participation in which a participant completed 1,800 hours of service with partial credit granted for service between 1,000 and 1,800 hours in a participation year. For participants who had at least 5 years of vesting service and whose age and vesting service equaled 55 or more on June 30, 1987 and who are therefore entitled to be covered under a grandfathered benefit formula, a full year of credited service will continue to be granted for each plan year in which 1,800 hours of service or more are completed. A partial year of credited service will be granted in accordance with the following schedule:

Hours of Service	Credited Service
1,800 or more	1 year
1,600 - 1,799	7/8 year
1,400 - 1,599	6/8 year
1,200 - 1,399	5/8 year
1,000 - 1,199	1/2 year
Less than 1,000	0 years

Normal retirement

- Eligibility

A participant's normal retirement date is the first day of the month coincident with or next following the participant's 65th birthday.

- Benefit

For participants eligible for a grandfathered benefit, the normal retirement benefit is the accrued benefit at normal retirement date.

For participants not eligible for a grandfathered benefit, the benefit at normal retirement is equal to the (i) accrued benefit under the prior plan as of June 30, 1987 plus (ii) the participant's contribution account benefit. The contribution account benefit is determined by dividing the contribution account by a conversion factor (see Exhibit A) and by further dividing that quotient by 12. The contribution account is established for each participant to which a contribution credit will be made each Plan Year in accordance with the following table:

	Before 6 years of Vesting Service	**Between 6 and 10 years of Vesting Service**	**On and After 10 years of Vesting Service**
Contribution Credit Between July 1, 1987 and July 1, 1989			
Below 50% of Social Security Wage Base	3%	3%	4%
In excess of 50% of Social Security Wage Base	6%	6%	8%
Contribution Credit on Compensation for Years:			
Between July 1, 1989 and July 1, 1999	4%	4%	6%
After July 1, 1999*	4%	4.5%	6%

If an Employee completes his sixth or tenth year of Vesting Service during the Plan Year, the Contribution Credit for the Plan Year will be at the higher rate for the entire Plan Year.

*For all non-grandfathered participants, benefit accruals were frozen on July 1, 2003.

Early retirement	
▪ Eligibility	A participant may elect early retirement on the first day of the month following the completion of 3 years of vesting service and attainment of age 55.
▪ Benefit	For participants who qualify for the grandfathered benefit, the benefit payable is calculated using the normal retirement benefit formula with Credited Service and Final Earnings as of the early retirement date. This benefit is reduced by .0055 for each of the first sixty (60) months and by .0027 for each of the next sixty (60) months by which the commencement date of benefits precedes the Normal Retirement Age. For participants not eligible for the grandfathered benefit, the benefit payable is the actuarial equivalent of the accrued benefit as of June 30, 1987 plus the contribution account balance accrued after June 30, 1987 divided by a conversion factor (see Exhibit A) with the resulting amount divided by 12 to determine the monthly retirement income attributable to such contribution account.
Late retirement	
▪ Eligibility	A participant may elect to work beyond his normal retirement. His late retirement date will be the first of the month coincident with or next following his actual retirement.
▪ Benefit	The benefit payable at late retirement is the greater of his accrued benefit as of his late retirement or his normal retirement benefit actuarially adjusted to his late retirement date.
Deferred vested	
▪ Eligibility	Upon termination of employment prior to any of the above retirement dates, a participant will be entitled to a termination benefit provided such participant has completed at least three years of vesting service. A participant will be 100% vested after 3 years of vesting service.
▪ Benefit	For participants not eligible for a grandfathered benefit, in lieu of a deferred vested benefit commencing at normal retirement date or early retirement date, if eligible, such terminated participant may elect to receive the vested portion of his accrued benefit in the form of a lump sum payment at the end of the quarter following the second anniversary date of his termination of employment. Participants eligible for a grandfathered benefit must take their vested benefit in the form of a monthly retirement income.

Disability	
▪ Eligibility	Effective July 1, 1996, Disability Retirement Date means the first day of the month following the date a participant incurs a Total and Permanent Disability and has terminated employment with the Employer.
▪ Benefit	A participant who qualifies for disability retirement (two years of disability which qualify for receipt of long term disability benefits under an Employer sponsored long term disability insurance program) is entitled to a disability retirement benefit which shall be calculated in the same manner as an early retirement benefit. The participant may elect to commence receipt of his benefit anytime on or after his disability retirement date, with the benefit reduced for commencement prior to his normal retirement age. The benefit reduction for the Grandfathered Benefit or the accrued benefit under the Prior Plan, which ever is applicable, shall be 1/15th for each of the first five years, by 1/30th for each of the next five years and actuarially reduced for each additional year thereafter.
Pre-retirement death	
▪ Eligibility	Three years of vesting service.
▪ In-service benefit prior to early retirement age	If the participant dies before retirement and before age 55 the surviving spouse will receive the greater of the benefit that would have been payable had the participant survived until the earliest date he would have been eligible to retire or the value of his account balance as of the date of death.
▪ In-service benefit after early retirement age but before normal retirement age	Upon the death of an active participant before retirement but after age 55, the surviving spouse will receive the greater of 50% of the accrued benefit reduced for early retirement and a 50% joint and survivor annuity or the accumulated value of the participant's account balance. If the Participant is not survived by a spouse, such participant's designated beneficiary is entitled to the value of the participant's account as of the date of death.
Form of benefits	
▪ Automatic form for unmarried participants	The normal, early and late retirement benefits are payable for the lifetime of the participant with a guarantee of thirty-six (36) monthly payments with a lump sum as the primary optional form of payment.
▪ Automatic form for married participants	The qualified joint and survivor form, which is the actuarial equivalent of the basic form, is the normal form for married participants unless the spouse consents in writing to an alternate form of payment.

▪ Optional forms	Lump sum payment, 66-2/3% joint and survivor annuity, 100% joint and survivor annuity, single life annuity, life annuity with 120 payments guaranteed, life annuity with 180 payments guaranteed, full cash refund, and life annuity with annual cost of living adjustment.
▪ Optional form conversion factors	The interest rate is 8.0% and the mortality assumption is the 1984 Unisex Pension Mortality Table mortality table with a 3 year set back.
Miscellaneous	
▪ Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. For the period between January 1, 1993 to December 31, 2001, compensation is limited to $150,000 (as adjusted annually for inflation by Section 401 (a)(17). For periods after January 1, 2002, compensation shall not exceed $200,000 (as adjusted for inflation by Section 401(a)(17)). For 2009, this limit is increased to $245,000 from $230,000. This change had no effect on plan benefits or plan liability
▪ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. For 2009, this limit is $195,000. The limit is indexed annually. This change had no effect on plan benefits or plan liability.
▪ Benefits not included in valuation	None.
▪ Changes since the prior valuation	Maximum compensation and maximum benefits were updated from 2008 to 2009.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Mortality rates were updated from 2008 to 2009 in accordance with PPA and sponsor elections.

The interest crediting rate was changed from 5.00% to 4.25% to better reflect expected future plan experience.

Schedule SB, Line 25 — Change in Method

An expense load has been added to the target normal cost.

There was a change to a new liability valuation system this year. This change did not materially affect liability amounts.

The discount rate election was changed to full yield curve with three month look-back from segmented rates with no look-back.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained Age	Years of credited service									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-35	35-39	40 & Up
< 25										
25-29	5	18								
30-34	3	65 3,978	9							
35-39	6	50 4,556	44 13,518	8						
40-44	4	43 5,125	52 20,606	54 30,095	19					
45-49	7	54 6,422	30 17,712	45 32,406	93 47,630					
50-54	3	65 4,432	37 17,966	43 33,146	53 50,608	58 60,361				
55-59	4	37 6,210	23 22,586	28 40,494	27 56,130	41 64,559	18			
60-64	2	19	11	13	11	16	10	1	1	
65-69	2	1	4	5	2	2	1	2		1
70+		2	2	1			1		1	1

In each cell, the top number is the count of active participants for each age/service combination. The lower number is the average account balance of the active participants in that group. The average balance is shown only for those cells in which there are at least 20 participants.

Schedule SB, Line 32 — Schedule of Amortization Bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases

Year established	Outstanding balance	Years remaining	Installment
2008	$ 9,915,515	6	$ 1,907,336
2009	(10,297)	7	(1,758)
Total	$ 9,905,218		$ 1,905,578

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **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

Hamot Health Foundation Cash Account Pension Plan

B Three-digit plan number (PN) ▶ 001

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

Hamot Health Foundation

D Employer Identification Number (EIN)

25-1400999

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

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

Part I Basic Information

1 Enter the valuation date: Month 7 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	41,815,725
	b Actuarial value		**2b**	41,390,515
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	360	15,357,423
	b For terminated vested participants	**3b**	831	10,976,089
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		909,577
	(2) Vested benefits	**3c(2)**		24,052,644
	(3) Total active	**3c(3)**	1,158	24,962,221
	d Total	**3d**	2,349	51,295,733
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	7.44 %
6	Target normal cost		**6**	373,204

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 Robert D. Fick RDF — Signature of actuary

April 6, 2011 — Date

Robert D. Fick — Type or print name of actuary

11-05435 — Most recent enrollment number

Mercer US Inc. — Firm name

(412)355-8800 — Telephone number (including area code)

Six PPG Place, Suite 400

Pittsburgh PA 15222-5406 — 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 (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of (11.03)%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		826,177
b	Interest on (a) using prior year's effective rate of 6.09 %		50,273
c	Total available at beginning of current plan year to add to prefunding balance		876,450
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.69 %
15	Adjusted funding target attainment percentage	15	80.69 %
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	81.03 %
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
10/15/2009	500,000				
01/15/2010	500,000				
04/14/2010	600,000				
05/28/2010	500,000				
03/15/2011	500,000				
			Totals ► 18(b)	2,600,000	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 contribution from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,448,621

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

c If 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
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 63

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

27 If the plan is eligible for (and is using) 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 contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29**

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 373,204

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9,905,218	1,905,578
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 (item 31 + item 32a + item 32b - item 33) **34** 2,278,782

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0		0

36 Additional cash requirement (item 34 minus item 35) **36** 2,278,782

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 2,448,621

38 Interest-adjusted excess contributions for current year (see instructions) **38** 182,475

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

Hamot Health Foundation
Cash Account Pension Plan

Financial Statements and
Supplemental Schedules

June 30, 2010 and 2009

Hamot Health Foundation Cash Account Pension Plan

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June 30, 2010

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ParenteBeard

Independent Auditors' Report

Participants and Plan Administrator
Hamot Health Foundation Cash Account Pension Plan

We have audited the accompanying statement of net assets available for benefits of the Hamot Health Foundation Cash Account Pension Plan (the "Plan") as of June 30, 2010 and 2009 and the related statement of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of June 30, 2009, and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of June 30, 2010, and changes therein for the year then ended and its financial status as of June 30, 2009, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of June 30, 2010 and supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended June 30, 2010 are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

ParenteBeard LLC

Pittsburgh, Pennsylvania
April 11, 2011

Hamot Health Foundation Cash Account Pension Plan

Statement of Net Assets Available for Benefits
June 30, 2010 and 2009

	2010	2009
Assets		
Investments, at fair value:		
Money market funds	$ 1,768,922	$ 5,255,548
Mutual funds	27,239,836	18,938,922
Common stock	2,838,145	6,900,888
U.S. government securities	8,193,105	5,482,975
Corporate debt	4,878,990	4,393,091
Total investments	44,918,998	40,971,424
Employer contribution receivable	500,000	722,839
Accrued investment income	-	124,244
Total assets	45,418,998	41,818,507
Liabilities		
Accrued administrative expenses	40,559	-
Net assets available for benefits	$ 45,378,439	$ 41,818,507

See notes to financial statements

Hamot Health Foundation Cash Account Pension Plan

Statement of Changes in Net Assets Available for Benefits
Years Ended June 30, 2010 and 2009

	2010	2009
Additions to Net Assets Attributed to		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 3,032,149	$ (7,294,302)
Interest and dividends	1,645,940	2,204,446
Net investment income (loss)	4,678,089	(5,089,856)
Employer contributions	2,600,000	2,891,356
Total additions	7,278,089	(2,198,500)
Deductions from Net Assets Attributed to		
Benefits paid to participants	3,145,347	3,052,135
Administrative expenses	572,810	511,429
Total deductions	3,718,157	3,563,564
Net increase (decrease) in net assets available for benefits	3,559,932	(5,762,064)
Net Assets Available for Benefits		
Beginning of year	41,818,507	47,580,571
End of year	$ 45,378,439	$ 41,818,507

See notes to financial statements

1. Description of the Plan

The following description of the Hamot Health Foundation Cash Account Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Hamot Health Foundation and its affiliates (the "Company") who were employed prior to July 1, 2003. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As of July 1, 2003, participation and certain benefits under the Plan were frozen, at which time participants ceased to accrue additional benefits, except for certain grandfathered participants.

The Plan's management evaluated subsequent events for recognition or disclosure through April 11, 2011, the date the financial statements were available to be issued.

Eligibility for Participation

Prior to the date the Plan was frozen, employees became eligible to participate in the Plan upon attainment of age 21 and completion of one year of credited service, as defined by the Plan. Employees hired after the date the Plan was frozen are not eligible to participant in the Plan.

Benefits

The Plan utilizes a cash balance account design under which benefits are defined in terms of stated annual contributions. These contributions are allocated to eligible participant accounts which earn a stated rate of interest each year. Participant accounts earn an annual interest credit at a rate generally based on the two month average of the one-year United States Treasury Bond Rate for the two months immediately preceding the first day of the plan year plus 1%.

The Plan was amended effective July 1, 1999 to implement the cash balance account plan design, as described above. On this date, active participants' accrued benefits were converted to a lump-sum present value. Additionally, certain transitional credits are granted to employees who met certain age and service criteria as of June 30, 1987.

On termination of service due to death, disability, retirement, or other reasons, a participant is entitled to receive benefits under the Plan generally equal to the value of their accumulated plan benefits either as a lump-sum distribution or as an annuity payable monthly for life. The Plan permits early retirement from age 55 to 64.

Vesting

Vesting is based on years of credited service. Eligible participants become 100% vested upon completion of seven years of credited service. Participants earn one year of credited service for each year in which they are credited with at least 1,000 hours of service.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Risks and Uncertainties

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 compensation and demographics, all of which are subject to change. Due to the 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.

In addition, 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 the amounts reported in the statement of net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

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

2. Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are generally based on a cash balance account plan design, determined under the provisions of the Plan. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included to the extent they are attributable to employee service rendered to the date the Plan was frozen.

The actuarial present value of accumulated plan benefits presented below is based on actuarial valuations as of July 1, 2009 and 2008 prepared by the Plan's actuary, using the projected unit credit actuarial cost method. The actuarial present value of accumulated plan benefits is the 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 actuarial present value of accumulated plan benefits as of July 1, 2009 and 2008 is as follows:

	2009	2008
Vested benefits:		
Participants currently receiving benefits	$ 14,475,430	$ 14,338,327
Other participants	33,707,848	35,765,089
Total vested benefits	48,183,278	50,103,416
Nonvested benefits	530,609	655,678
Actuarial present value of accumulated plan benefits	$ 48,713,887	$ 50,759,094

2. Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in the actuarial present value of the accumulated plan benefits for the year ended July 1, 2009 are summarized as follows:

	2009
Actuarial present value of accumulated plan benefits at beginning of year	$ 50,759,094
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	(900,480)
Interest due to decrease in discount period	3,928,468
Benefits paid	(3,052,135)
Change in actuarial assumptions	(2,021,060)
Net decrease	(2,045,207)
Actuarial present value of accumulated plan benefits at end of year	$ 48,713,887

Significant actuarial assumptions underlying the actuarial computations in 2009 and 2008 are:

(a) Mortality – the RP-2000 Annuity Mortality Table projected to 2007.

(b) Retirement age – Age 63 in 2009 and 2008.

(c) Interest rate – 8.00% in 2009 and 2008.

During 2009, the interest accumulation rate for participants' cash balance accounts used by the Plan's actuary was increased from 4.25% in 2008 to 5.00% in 2009. The result of the change in actuarial assumptions decreased the actuarial present value of accumulated plan benefits by approximately $2.0 million in 2009.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

2. Summary of Significant Accounting Policies (Continued)

New Accounting Standards

In June 2009, the Financial Accounting Standards Board ("FASB") established the FASB Accounting Standards Codification ("Codification") as the sole source of authoritative accounting principles generally accepted in the United States of America. As a result, all references to accounting literature will conform to the appropriate reference within the Codification. The adoption of the Codification, which became effective during September 2009, did not have a significant effect on the Plan's financial statements.

Effective July 1, 2009, the Plan adopted guidance on accounting for uncertainty in income taxes issued by FASB. This interpretation clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements. The adoption of this guidance had no effect on the Plan's financial statements.

During 2010, the Plan adopted FASB guidance related to using net asset value ("NAV") as a practical expedient to estimate the fair value of certain alternative investments, if NAV is calculated consistent with accounting principles generally accepted in the United States of America for investment companies and sale of the investment at an amount different than NAV is not probable. This guidance also establishes standards regarding the classification and disclosure of the applicable investments. The adoption of this guidance did not have a significant impact on the Plan's financial statements, but enhanced disclosure with respect to these investments.

3. Fair Value Measurements

The Plan measures on a recurring basis its investments at fair value in accordance with FASB guidance, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).Valuation techniques need to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of fair value hierarchy are described as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, derived principally from or corroborated by observable market data by correlations or other means, and other observable inputs.

Level 3 - Fair value is based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

3. Fair Value Measurements (Continued)

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 June 30, 2010 and 2009:

Money market and mutual funds are valued at the net asset value of the shares held by the Plan at year-end.

U.S. government securities and common stock are generally valued at the closing price reported on the active market on which the individual securities are traded.

Corporate debt instruments are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2010 and 2009:

	Assets at Fair Value as of June 30, 2010			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,768,922	$ -	$ -	$ 1,768,922
U.S. government securities	8,193,107	-	-	8,193,107
Corporate debt	-	4,878,991	-	4,878,991
Common stocks:				
Technology	767,478	-	-	767,478
Service	568,589	-	-	568,589
Materials	510,313	-	-	510,313
Energy	373,058	-	-	373,058
Consumer goods	266,238	-	-	266,238
Healthcare	227,079	-	-	227,079
Utilities	125,387	-	-	125,387
Mutual funds:				
Fixed income funds	13,142,999	-	-	13,142,999
Growth funds	10,026,778	-	-	10,026,778
International funds	4,070,059	-	-	4,070,059
Total	$ 40,040,007	$ 4,878,991	$ -	$ 44,918,998

3. Fair Value Measurements (Continued)

	Assets at Fair Value as of June 30, 2009			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 5,255,548	$ -	$ -	$ 5,255,548
U.S. government securities	5,482,975	-	-	5,482,975
Corporate debt	-	4,393,091	-	4,393,091
Common stocks:				
Technology	1,776,316	-	-	1,776,316
Service	1,341,086	-	-	1,341,086
Consumer goods	1,084,246	-	-	1,084,246
Materials	940,166	-	-	940,166
Energy	866,176	-	-	866,176
Healthcare	616,647	-	-	616,647
Utilities	276,251	-	-	276,251
Mutual funds:				
Growth funds	8,943,043	-	-	8,943,043
Fixed income funds	4,931,734	-	-	4,931,734
International funds	4,574,684	-	-	4,574,684
Real estate fund	489,461	-	-	489,461
Total	$ 36,578,333	$ 4,393,091	$ -	$ 40,971,424

4. Funding Policy

The Company's funding policy is to make annual contributions to the Plan as determined by the Plan's independent actuary in amounts necessary to provide the Plan with assets sufficient to fund participants' benefits by the time they retire. Participant contributions are not permitted. The minimum funding requirements of ERISA were met for 2010 and 2009.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

5. Plan Termination

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

a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

5. Plan Termination (Continued)

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed subsequently).

c) All other vested benefits (that is, vested benefits not insured by PBGC).

d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

6. Investments

The following table presents investments that represent 5% or more of the Plan's net assets available for benefits at June 30, 2010 and 2009:

	2010	2009
Pimco Total Return Inst	$ 6,604,239	$ 5,843,509
Blackrock Core BD Tot Ret A	4,694,723	
Western Asset Core Inc BD Fl	4,687,373	
Loomis Sayles Bond Inst	3,760,903	3,086,755
American Cap Inc Bldrs R5	2,788,071	2,543,913
Dreyfus Cash Management Plus Inc-Inst Shares		4,146,944
Artio International Equity-I		2,348,456

In 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2010	2009
Mutual funds	$ 1,856,622	$ (4,905,781)
Common stock	696,966	(2,505,105)
U.S. government securities	93,891	37,268
Corporate debt	384,670	79,316
Net appreciation (depreciation) in fair value of investments	$ 3,032,149	$ (7,294,302)

7. Related Party Transactions

The Plan's assets are administered under contracts with Morgan Stanley and PNC Bank, N.A., the custodians of the Plan. Contributions are held and managed by Morgan Stanley, who invests cash received, interest, and dividend income. PNC Bank, N.A. makes distributions to participants. Certain of the Plan's investments are managed by Morgan Stanley and PNC Bank, N.A.; therefore, these transactions qualify as party-in-interest transactions.

Administrative expenses of the custodians are paid by the Plan. Certain other administrative expenses of the Plan are paid by the Company. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

8. Tax Status

The Company has applied for and has not yet received a determination letter from the Internal Revenue Service stating that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). However, the plan administrator believes that the Plan has been designed to comply with and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is exempt from taxation.

9. Subsequent Event

On February 1, 2011, the Company and the University of Pittsburgh Medical Center ("UPMC") completed an affiliation between the organizations. Under the affiliation, UPMC will provide the Company with a financial investment of $300 million over 10 years to expand and enhance medical services provided by the Company. There were no changes to the Plan or the Plan's benefits as a result of the affiliation.

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Money market fund	Morgan Stanley Bank	$ 679,690	$ 679,690
*	Money market fund	Blackrock Liquidity Funds Tempfund Institutional Shrs #24	344,386	344,386
*	Money market fund	Morgan Stanley Trust	286,314	286,314
*	Money market fund	Morgan Stanley Cash Fund	458,532	458,532
	Mutual fund	Pimco Total Return Inst	6,224,505	6,604,239
	Mutual fund	Blackrock Core BD Tot Ret A	4,580,492	4,694,723
	Mutual fund	Western Asset Core Inc BD Fl	4,583,896	4,687,373
	Mutual fund	Loomis Sayles Bond Inst	3,798,447	3,760,903
	Mutual fund	American Cap Inc Bldrs R5	3,348,454	2,788,071
	Mutual fund	Artio International Equity-I	2,409,534	1,783,976
	Mutual fund	American Cap WRLD GR & Inc R5	1,618,394	1,294,046
	Mutual fund	Allianceber Intl Value Adv	1,750,728	992,037
	Mutual fund	Pimco Commodity Realret Strat Inst	55,659	634,468
	Common stock	Barrick Gold Corp	85,187	110,346
	Common stock	Apple Inc	28,132	50,054
	Common stock	Red Hat Inc USD Com	30,342	49,574
	Common stock	Nippon Teleg & Tel Ads	52,336	48,897
	Common stock	Denbury Resources Inc New	41,507	47,448
	Common stock	Occidental Pete Corp	42,525	45,518
	Common stock	Amazon Com Inc Com Stk	33,398	45,124
	Common stock	Schlumberger Ltd	53,429	44,991
	Common stock	Illumina Inc Com	29,573	40,788
	Common stock	SK Telecom Co Ltd	41,641	38,593
	Common stock	Weyerhaeuser Co	44,937	38,016
	Common stock	Royal Dutch Shell PLC CL B	48,848	37,610
	Common stock	DAI Nippon Printing Co Ltd Japan	50,477	37,582
	Common stock	Qualcomm Inc Com	46,680	37,306
	Common stock	Freeport McMoran Copper & Gold Com	35,583	36,956
	Common stock	Credit Suisse Group	47,874	36,569
	Common stock	Shiseido Ltd Sponsored Adr	28,461	36,388
	Common stock	Juniper Networks Inc Com Stk	38,610	36,238
	Common stock	CME Group Inc	38,838	35,475
	Common stock	Telecom Italia Spa (New) Svgs SH	83,519	35,308
	Common stock	Kinross Gold Corp New	36,245	35,205
	Common stock	Medcohealth Solutions Inc	33,287	34,866
	Common stock	Sanofi-Aventis Ads	37,146	34,689
	Common stock	Monsanto Company Com Stk	51,455	34,665
	Common stock	Salesforce Com	12,214	34,242
	Common stock	KAO CRP Sons Adr	31,236	34,178
	Common stock	Vodafone GP PLC Ads New	27,200	33,981
	Common stock	Anglogold Shanti Limited	25,279	33,896
	Common stock	Bank of New York Mellon Corp	37,913	33,727
	Common stock	Shaw Group Inc Com	33,256	33,091
	Common stock	Walt Disney Co (Holding Company)	27,721	33,075
	Common stock	National Oilwell Varco Inc	32,888	32,905
	Common stock	Seven & I Holdings Co Ltd Adr	32,742	32,062
	Common stock	Gold Fields Ltd Sp Adr	29,123	31,821
	Common stock	Nexen Inc Com	33,661	31,629
	Common stock	Astrazeneca PLC Ads	32,464	31,389
	Common stock	Goldman Sachs Group Inc	37,729	31,111
	Common stock	Nabors Industries Ltd New	38,510	30,994
	Common stock	Danaher Corp	27,976	30,141
	Common stock	Activision Blizzard Inc	32,385	30,043
	Common stock	Cameco Corp	35,696	29,154
	Common stock	Manpower Inc USD.01 Com	35,321	28,672

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Common stock	Newcrest Mining Ltd Sponsored Adr	24,974	28,615
	Common stock	Wacoal CP Adr	29,044	28,476
	Common stock	Allegheny Tech Inc	29,493	28,326
	Common stock	Thermo Fisher	23,355	28,253
	Common stock	Suncor Energy Inc New Com	27,135	27,968
	Common stock	Swisscom AG Adr	25,461	27,761
	Common stock	Cameco Corp	26,515	27,579
	Common stock	Johnson Controls Incorporated	25,186	27,461
	Common stock	Intuit Inc	26,355	27,225
	Common stock	Siemens AG Spons Adr	15,373	27,217
	Common stock	Deer and Co	28,467	27,060
	Common stock	Cummins Inc Com	14,149	26,834
	Common stock	BP PLC Ads	27,776	26,425
	Common stock	Glaxo Smithkline PLC Ads	31,637	25,814
	Common stock	Wolters Kluwer N V Sponsored Adr	23,928	25,620
	Common stock	McDermott International Inc	29,868	25,515
	Common stock	Sega Sammy Holdings Spons Adr	24,291	25,351
	Common stock	Equinix Inc New	32,258	25,259
	Common stock	Sempra Energy Com Stk	26,842	25,126
	Common stock	FujiFilm Hldgs Corp Adr	31,740	25,097
	Common stock	Prologis	31,182	24,930
	Common stock	Netapp Inc Com	15,303	24,625
	Common stock	Carrefour SA Unpson Adr	27,249	24,316
	Common stock	Qiagen NV Ord	26,785	24,279
	Common stock	Alcatel-Lucent Ads	39,290	23,363
	Common stock	Agilent Technologies	25,560	22,488
	Common stock	Vmware Inc Class A	12,415	22,345
	Common stock	Air Prods & Chems Inc Com	20,818	21,711
	Common stock	Nokia Cp Adr	34,964	21,361
	Common stock	Korea Elec Pwr Corp Ads	20,568	21,188
	Common stock	Agnico Eagle Mines Ltd	21,801	21,091
	Common stock	Axis Capital Holdings LTD	20,109	20,893
	Common stock	Calpine Corp New	18,337	20,199
	Common stock	Embraer Empresa Bras DD Ads	18,826	19,965
	Common stock	Nintendo Co Ltd Adr New	17,086	19,605
	Common stock	ABB Ltd	22,585	19,181
	Common stock	Magna Intl Inc Cad Cl-A Com NPV	15,953	18,996
	Common stock	UBS AG New	22,189	18,891
	Common stock	Panasonic Corp Adr	25,859	18,820
	Common stock	Netflix Inc	15,267	18,579
	Common stock	MS&AD Ins Group Hldgs Adr	25,281	18,125
	Common stock	Sekisui House Ltd Adr	19,059	18,054
	Common stock	Ford Motor Co New	19,757	17,509
	Common stock	Procter & Gamble Co Com	16,087	17,274
	Common stock	Daiwa House Ind *FLTD Adr	17,553	17,052
	Common stock	Centrais Electricas Brasileiras	16,288	16,647
	Common stock	Sumitomo Trust & Bank Spons Adr	20,531	16,302
	Common stock	Fluor Corp	16,151	15,300
	Common stock	Hachijuni Bk Ltd Adr	14,619	14,946
	Common stock	Interpublic Group of Cos Inc	16,929	14,702
	Common stock	Starwood Htls & Rsts WW Inc	17,224	14,376
	Common stock	Societe Generale Paris Adr	13,350	12,863
	Common stock	Allianz SE Ads	12,763	12,841
	Common stock	Finmeccanica Spa Roma	14,379	12,602
	Common stock	Rohm Co LTd Unsponsored Adr (Japan)	10,633	12,541
	Common stock	Alumina Ltd	13,822	12,288

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Common stock	Electricite De France Adr	14,981	10,583
	Common stock	Ivanhoe Mines Limited com	7,343	9,011
	Common stock	Takeda Pharmaceutical Co Ltd	7,090	7,001
	US government securities	FNMA Pool	1,344,677	1,352,638
	US government securities	US Treasury Note	1,134,291	1,139,913
	US government securities	FNMA Pool	1,102,686	1,107,881
	US government securities	US Treasury Note	1,030,476	1,030,687
	US government securities	US Treasury Note	552,096	560,261
	US government securities	US Treasury Note	489,531	501,114
	US government securities	FNMA Pool	484,405	487,273
	US government securities	US Treasury Note	444,644	446,234
	US government securities	Federal Home Loan Bank System	396,131	399,693
	US government securities	US Treasury Note	329,528	339,249
	US government securities	FHLMC	238,814	243,800
	US government securities	US Treasury Note	187,521	188,442
	US government securities	FNMA Pool 735141	164,748	180,756
	US government securities	FNMA Pool 688980 5500 33MY01FE	79,503	85,682
	US government securities	FNMA Pool 995879	69,963	72,307
	US government securities	FHLMC	43,080	49,555
	US government securities	FNMA Pool 888276	7,119	7,622
	Corporate debt	General Electric Capital Corp TLGP	175,988	179,603
	Corporate debt	JP Morgan Chase & CO	172,315	179,418
	Corporate debt	Pfizer Inc	173,820	178,290
	Corporate debt	Goldman Sachs Group Inc	180,473	178,145
	Corporate debt	Bank of New York Mellon	175,258	177,594
	Corporate debt	Verizon New Engl Ser A	173,414	177,425
	Corporate debt	Conoco Funding Co	172,367	176,007
	Corporate debt	BB&T Corporation	175,958	175,908
	Corporate debt	Coca-Cola Co Notes	176,236	175,581
	Corporate debt	France Telecom	176,795	175,498
	Corporate debt	Bank of America	170,274	175,438
	Corporate debt	Target Corp Notes	175,346	175,000
	Corporate debt	American Home Products	170,705	172,939
	Corporate debt	Bank of Amer Corp TLGP	114,276	119,054
	Corporate debt	Boeing Capital Corp	117,501	118,857
	Corporate debt	General Mills Inc	113,840	118,520
	Corporate debt	General Electric Capital Corp	114,086	117,762
	Corporate debt	Barrick NA Finance	106,008	117,533
	Corporate debt	John Deere Capital Corp	114,635	117,508
	Corporate debt	AT&T Wireless Svcs Notes	113,534	115,023
	Corporate debt	BP Capital Markets PLC	115,474	104,796
	Corporate debt	Comcast Corp	89,787	98,936
	Corporate debt	CVS Caremark Corp	68,476	93,448
	Corporate debt	SBC Communications	82,303	92,941
	Corporate debt	ConocoPhillips Canada	81,214	92,928
	Corporate debt	Verizon Wireless	91,079	92,616
	Corporate debt	Wachovia Corp	84,944	91,745
	Corporate debt	Bank of America Corp	88,387	91,641
	Corporate debt	Kroger Co	78,132	91,155
	Corporate debt	Time Warner Inc	86,405	90,184
	Corporate debt	Toyota Motor Credit Corp	89,582	89,818
	Corporate debt	Metlife Inc	86,893	89,267
	Corporate debt	Electronic Data Systems Ser B	85,561	89,076
	Corporate debt	JP Morgan Chase & CO	87,669	88,988
	Corporate debt	Goldman Sachs Group Inc	81,977	87,047

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Corporate debt	Gen Elec Cap CRP Ser A	81,067	85,971
	Corporate debt	Boeing Capital Corp Bonds	84,266	84,750
	Corporate debt	Target Corp Notes	71,402	73,088
	Corporate debt	Household Finance Co	63,116	64,794
	Corporate debt	Natural Rural Utilities	61,271	64,699
		Total	$ 45,853,255	$ 44,918,998

* A party-in-interest as defined by ERISA

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended June 30, 2010

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost (g)	Current Value on Transaction Date (h)	Net Gain (Loss) (i)
Single transactions						
Blackrock Core Bond Total Return	Mutual fund	$ 3,500,000	$ -	$ -	$ 3,500,000	$ -
Western Asset Core	Mutual fund	3,500,000	-	-	3,500,000	-
Pimco Foreign Bond	Mutual fund	-	2,109,004	2,168,175	2,109,004	(59,171)

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Money market fund	Morgan Stanley Bank	$ 679,690	$ 679,690
*	Money market fund	Blackrock Liquidity Funds Tempfund Institutional Shrs #24	344,386	344,386
*	Money market fund	Morgan Stanley Trust	286,314	286,314
*	Money market fund	Morgan Stanley Cash Fund	458,532	458,532
	Mutual fund	Pimco Total Return Inst	6,224,505	6,604,239
	Mutual fund	Blackrock Core BD Tot Ret A	4,580,492	4,694,723
	Mutual fund	Western Asset Core Inc BD Fl	4,583,896	4,687,373
	Mutual fund	Loomis Sayles Bond Inst	3,798,447	3,760,903
	Mutual fund	American Cap Inc Bldrs R5	3,348,454	2,788,071
	Mutual fund	Artio International Equity-I	2,409,534	1,783,976
	Mutual fund	American Cap WRLD GR & Inc R5	1,618,394	1,294,046
	Mutual fund	Allianceber Intl Value Adv	1,750,728	992,037
	Mutual fund	Pimco Commodity Realret Strat Inst	55,659	634,468
	Common stock	Barrick Gold Corp	85,187	110,346
	Common stock	Apple Inc	28,132	50,054
	Common stock	Red Hat Inc USD Com	30,342	49,574
	Common stock	Nippon Teleg & Tel Ads	52,336	48,897
	Common stock	Denbury Resources Inc New	41,507	47,448
	Common stock	Occidental Pete Corp	42,525	45,518
	Common stock	Amazon Com Inc Com Stk	33,398	45,124
	Common stock	Schlumberger Ltd	53,429	44,991
	Common stock	Illumina Inc Com	29,573	40,788
	Common stock	SK Telecom Co Ltd	41,641	38,593
	Common stock	Weyerhaeuser Co	44,937	38,016
	Common stock	Royal Dutch Shell PLC CL B	48,848	37,610
	Common stock	DAI Nippon Printing Co Ltd Japan	50,477	37,582
	Common stock	Qualcomm Inc Com	46,680	37,306
	Common stock	Freeport McMoran Copper & Gold Com	35,583	36,956
	Common stock	Credit Suisse Group	47,874	36,569
	Common stock	Shiseido Ltd Sponsored Adr	28,461	36,388
	Common stock	Juniper Networks Inc Com Stk	38,610	36,238
	Common stock	CME Group Inc	38,838	35,475
	Common stock	Telecom Italia Spa (New) Svgs SH	83,519	35,308
	Common stock	Kinross Gold Corp New	36,245	35,205
	Common stock	Medcohealth Solutions Inc	33,287	34,866
	Common stock	Sanofi-Aventis Ads	37,146	34,689
	Common stock	Monsanto Company Com Stk	51,455	34,665
	Common stock	Salesforce Com	12,214	34,242
	Common stock	KAO CRP Sons Adr	31,236	34,178
	Common stock	Vodafone GP PLC Ads New	27,200	33,981
	Common stock	Anglogold Shanti Limited	25,279	33,896
	Common stock	Bank of New York Mellon Corp	37,913	33,727
	Common stock	Shaw Group Inc Com	33,256	33,091
	Common stock	Walt Disney Co (Holding Company)	27,721	33,075
	Common stock	National Oilwell Varco Inc	32,888	32,905
	Common stock	Seven & I Holdings Co Ltd Adr	32,742	32,062
	Common stock	Gold Fields Ltd Sp Adr	29,123	31,821
	Common stock	Nexen Inc Com	33,661	31,629
	Common stock	Astrazeneca PLC Ads	32,464	31,389
	Common stock	Goldman Sachs Group Inc	37,729	31,111
	Common stock	Nabors Industries Ltd New	38,510	30,994
	Common stock	Danaher Corp	27,976	30,141
	Common stock	Activision Blizzard Inc	32,385	30,043
	Common stock	Cameco Corp	35,696	29,154
	Common stock	Manpower Inc USD.01 Com	35,321	28,672

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Common stock	Newcrest Mining Ltd Sponsored Adr	24,974	28,615
	Common stock	Wacoal CP Adr	29,044	28,476
	Common stock	Allegheny Tech Inc	29,493	28,326
	Common stock	Thermo Fisher	23,355	28,253
	Common stock	Suncor Energy Inc New Com	27,135	27,968
	Common stock	Swisscom AG Adr	25,461	27,761
	Common stock	Cameco Corp	26,515	27,579
	Common stock	Johnson Controls Incorporated	25,186	27,461
	Common stock	Intuit Inc	26,355	27,225
	Common stock	Siemens AG Spons Adr	15,373	27,217
	Common stock	Deer and Co	28,467	27,060
	Common stock	Cummins Inc Com	14,149	26,834
	Common stock	BP PLC Ads	27,776	26,425
	Common stock	Glaxo Smithkline PLC Ads	31,637	25,814
	Common stock	Wolters Kluwer N V Sponsored Adr	23,928	25,620
	Common stock	McDermott International Inc	29,868	25,515
	Common stock	Sega Sammy Holdings Spons Adr	24,291	25,351
	Common stock	Equinix Inc New	32,258	25,259
	Common stock	Sempra Energy Com Stk	26,842	25,126
	Common stock	FujiFilm Hldgs Corp Adr	31,740	25,097
	Common stock	Prologis	31,182	24,930
	Common stock	Netapp Inc Com	15,303	24,625
	Common stock	Carrefour SA Unpson Adr	27,249	24,316
	Common stock	Qiagen NV Ord	26,785	24,279
	Common stock	Alcatel-Lucent Ads	39,290	23,363
	Common stock	Agilent Technologies	25,560	22,488
	Common stock	Vmware Inc Class A	12,415	22,345
	Common stock	Air Prods & Chems Inc Com	20,818	21,711
	Common stock	Nokia Cp Adr	34,964	21,361
	Common stock	Korea Elec Pwr Corp Ads	20,568	21,188
	Common stock	Agnico Eagle Mines Ltd	21,801	21,091
	Common stock	Axis Capital Holdings LTD	20,109	20,893
	Common stock	Calpine Corp New	18,337	20,199
	Common stock	Embraer Empresa Bras DD Ads	18,826	19,965
	Common stock	Nintendo Co Ltd Adr New	17,086	19,605
	Common stock	ABB Ltd	22,585	19,181
	Common stock	Magna Intl Inc Cad Cl-A Com NPV	15,953	18,996
	Common stock	UBS AG New	22,189	18,891
	Common stock	Panasonic Corp Adr	25,859	18,820
	Common stock	Netflix Inc	15,267	18,579
	Common stock	MS&AD Ins Group Hldgs Adr	25,281	18,125
	Common stock	Sekisui House Ltd Adr	19,059	18,054
	Common stock	Ford Motor Co New	19,757	17,509
	Common stock	Procter & Gamble Co Com	16,087	17,274
	Common stock	Daiwa House Ind *FLTD Adr	17,553	17,052
	Common stock	Centrais Electricas Brasileiras	16,288	16,647
	Common stock	Sumitomo Trust & Bank Spons Adr	20,531	16,302
	Common stock	Fluor Corp	16,151	15,300
	Common stock	Hachijuni Bk Ltd Adr	14,619	14,946
	Common stock	Interpublic Group of Cos Inc	16,929	14,702
	Common stock	Starwood Htls & Rsts WW Inc	17,224	14,376
	Common stock	Societe Generale Paris Adr	13,350	12,863
	Common stock	Allianz SE Ads	12,763	12,841
	Common stock	Finmeccanica Spa Roma	14,379	12,602
	Common stock	Rohm Co LTd Unsponsored Adr (Japan)	10,633	12,541
	Common stock	Alumina Ltd	13,822	12,288

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Common stock	Electricite De France Adr	14,981	10,583
	Common stock	Ivanhoe Mines Limited com	7,343	9,011
	Common stock	Takeda Pharmaceutical Co Ltd	7,090	7,001
	US government securities	FNMA Pool	1,344,677	1,352,638
	US government securities	US Treasury Note	1,134,291	1,139,913
	US government securities	FNMA Pool	1,102,686	1,107,881
	US government securities	US Treasury Note	1,030,476	1,030,687
	US government securities	US Treasury Note	552,096	560,261
	US government securities	US Treasury Note	489,531	501,114
	US government securities	FNMA Pool	484,405	487,273
	US government securities	US Treasury Note	444,644	446,234
	US government securities	Federal Home Loan Bank System	396,131	399,693
	US government securities	US Treasury Note	329,528	339,249
	US government securities	FHLMC	238,814	243,800
	US government securities	US Treasury Note	187,521	188,442
	US government securities	FNMA Pool 735141	164,748	180,756
	US government securities	FNMA Pool 688980 5500 33MY01FE	79,503	85,682
	US government securities	FNMA Pool 995879	69,963	72,307
	US government securities	FHLMC	43,080	49,555
	US government securities	FNMA Pool 888276	7,119	7,622
	Corporate debt	General Electric Capital Corp TLGP	175,988	179,603
	Corporate debt	JP Morgan Chase & CO	172,315	179,418
	Corporate debt	Pfizer Inc	173,820	178,290
	Corporate debt	Goldman Sachs Group Inc	180,473	178,145
	Corporate debt	Bank of New York Mellon	175,258	177,594
	Corporate debt	Verizon New Engl Ser A	173,414	177,425
	Corporate debt	Conoco Funding Co	172,367	176,007
	Corporate debt	BB&T Corporation	175,958	175,908
	Corporate debt	Coca-Cola Co Notes	176,236	175,581
	Corporate debt	France Telecom	176,795	175,498
	Corporate debt	Bank of America	170,274	175,438
	Corporate debt	Target Corp Notes	175,346	175,000
	Corporate debt	American Home Products	170,705	172,939
	Corporate debt	Bank of Amer Corp TLGP	114,276	119,054
	Corporate debt	Boeing Capital Corp	117,501	118,857
	Corporate debt	General Mills Inc	113,840	118,520
	Corporate debt	General Electric Capital Corp	114,086	117,762
	Corporate debt	Barrick NA Finance	106,008	117,533
	Corporate debt	John Deere Capital Corp	114,635	117,508
	Corporate debt	AT&T Wireless Svcs Notes	113,534	115,023
	Corporate debt	BP Capital Markets PLC	115,474	104,796
	Corporate debt	Comcast Corp	89,787	98,936
	Corporate debt	CVS Caremark Corp	68,476	93,448
	Corporate debt	SBC Communications	82,303	92,941
	Corporate debt	ConocoPhillips Canada	81,214	92,928
	Corporate debt	Verizon Wireless	91,079	92,616
	Corporate debt	Wachovia Corp	84,944	91,745
	Corporate debt	Bank of America Corp	88,387	91,641
	Corporate debt	Kroger Co	78,132	91,155
	Corporate debt	Time Warner Inc	86,405	90,184
	Corporate debt	Toyota Motor Credit Corp	89,582	89,818
	Corporate debt	Metlife Inc	86,893	89,267
	Corporate debt	Electronic Data Systems Ser B	85,561	89,076
	Corporate debt	JP Morgan Chase & CO	87,669	88,988
	Corporate debt	Goldman Sachs Group Inc	81,977	87,047

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Corporate debt	Gen Elec Cap CRP Ser A	81,067	85,971
	Corporate debt	Boeing Capital Corp Bonds	84,266	84,750
	Corporate debt	Target Corp Notes	71,402	73,088
	Corporate debt	Household Finance Co	63,116	64,794
	Corporate debt	Natural Rural Utilities	61,271	64,699
		Total	$ 45,853,255	$ 44,918,998

* A party-in-interest as defined by ERISA

Hamot Health Foundation Cash Account Pension Plan

EIN: 25-1400999 Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended June 30, 2010

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost (g)	Current Value on Transaction Date (h)	Net Gain (Loss) (i)
Single transactions						
Blackrock Core Bond Total Return	Mutual fund	$ 3,500,000	$ -	$ -	$ 3,500,000	$ -
Western Asset Core	Mutual fund	3,500,000	-	-	3,500,000	-
Pimco Foreign Bond	Mutual fund	-	2,109,004	2,168,175	2,109,004	(59,171)