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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

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; include room or suite number (employer, if for a single-employer plan)

UPMC HAMOT

201 STATE STREET
ERIE, PA 16550-0001

2b Employer Identification Number (EIN)
25-0965387

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.	04/10/2015	SUSAN TESTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	1912
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**	784
b	Retired or separated participants receiving benefits	**6b**	358
c	Other retired or separated participants entitled to future benefits	**6c**	601
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1743
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	31
f	Total. Add lines **6d** and **6e**.	**6f**	1774
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 1I 3H

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

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

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[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)	[X]		**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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **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
UPMC HAMOT

D Employer Identification Number (EIN)
25-0965387

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 2013

2 Assets:

a Market value	**2a**	56392395
b Actuarial value	**2b**	57107374

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	392	17875587
b For terminated vested participants	**3b**	676	11374671
c For active participants:			
(1) Non-vested benefits	**3c(1)**		482286
(2) Vested benefits	**3c(2)**		19621872
(3) Total active	**3c(3)**	845	20104158
d Total	**3d**	1913	49354416

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.08 %
6 Target normal cost	**6**	391000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 02/17/2015

HUGH JACKSON — Type or print name of actuary

14-05998 — Most recent enrollment number

MERCER — Firm name

410-374-8102 — Telephone number (including area code)

ONE SOUTH STREET, SUITE 1001
BALTIMORE, MD 21202

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.69 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7716092
	b Interest on (a) using prior year's effective interest rate of 6.78 % except as otherwise provided (see instructions)		523151
	c Total available at beginning of current plan year to add to prefunding balance		8239243
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	115.70 %
15	Adjusted funding target attainment percentage	15	115.70 %
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	97.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	391000
b Excess assets, if applicable, but not greater than line 31a	**31b**	391000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

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
UPMC HAMOT

D Employer Identification Number (EIN)
25-0965387

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

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

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

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 50	NONE	187758	Yes ☐ No ☒	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 50	NONE	15554	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 ☐

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

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

(b) 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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan
HAMOT HEALTH FOUNDATION CASH ACCOUNT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-0965387

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-1423657-999	M	60823523

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

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
UPMC HAMOT

D Employer Identification Number (EIN)
25-0965387

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)	9150000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	422055	452175
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	47618678	60823523
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(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	57190733	61275698
	Liabilities			
g	Benefit claims payable	1g	0	166072
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	5442	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	5442	166072
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	57185291	61109626

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	65	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		65
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		8069875
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8069940
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3646153	
(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)		3646153
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)	187758	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	15554	
(4) Other	2i(4)	296140	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		499452
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4145605
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3924335
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: ERNST AND YOUNG LLP **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

		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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

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
UPMC HAMOT

D Employer Identification Number (EIN)
25-0965387

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): 25-0965387 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** 89

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 (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 39% Investment-Grade Debt: 12% High-Yield Debt: 1% Real Estate: 1% Other: 47%

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

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

Financial Statements and Supplemental Schedule

Hamot Health Foundation Cash Account Pension Plan
Years Ended June 30, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP

Building a better working world

Hamot Health Foundation Cash Account Pension Plan

Financial Statements and
Supplemental Schedule

Years Ended June 30, 2014 and 2013

Contents

Report of Independent Auditors.....1

Financial Statements

Statements of Net Assets Available for Benefits.....3
Statements of Changes in Net Assets Available for Benefits.....4
Notes to Financial Statements.....5

Supplemental Schedule

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year).....21

Ernst & Young LLP
2100 One PPG Place
Pittsburgh, PA 15222

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ey.com

Building a better working world

Report of Independent Auditors

Participants and Plan Administrator, Pension/Defined
Contribution Review Committee
Hamot Health Foundation Cash Account Pension Plan

We have audited the accompanying financial statements of the Hamot Health Foundation Cash Account Pension Plan, which comprise the statements of net assets available for benefits as of June 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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. 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 involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Building a better working world

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Hamot Health Foundation Cash Account Pension Plan at June 30, 2014, and the changes in its net assets available for benefits for the year then ended, and the financial status of the Hamot Health Foundation Cash Account Pension Plan at June 30, 2013, and the changes in its financial status for the year then ended, in conformity with U.S. generally accepted accounting principles.

Supplemental Schedule

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedule of assets (held at end of year) as of June 30, 2014, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects, in relation to the financial statements as a whole.

Ernst & Young LLP

April 8, 2015

A member firm of Ernst & Young Global Limited

Hamot Health Foundation Cash Account Pension Plan

Statements of Net Assets Available for Benefits

	June 30	
	2014	**2013**
Assets		
Investments, at fair value:		
Money market fund	**$ 452,175**	$ 422,055
Plan interest in UPMC Master Trust	**60,823,523**	47,618,678
Total investments	**61,275,698**	48,040,733
Employer contribution receivable	**–**	9,150,000
Total assets	**61,275,698**	57,190,733
Liabilities		
Accrued administrative expenses	**–**	5,442
Net assets available for benefits	**$ 61,275,698**	$ 57,185,291

See accompanying notes.

Hamot Health Foundation Cash Account Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended June 30	
	2014	**2013**
Additions to net assets attributed to		
Investment income:		
Net investment gain from plan interest in UPMC Master Trust	**$ 8,069,875**	$ 5,040,500
Interest and dividends	**65**	375
Net investment income	**8,069,940**	5,040,875
Employer contributions	**–**	10,170,000
Total additions	**8,069,940**	15,210,875
Deductions from net assets attributed to		
Benefits paid to participants	**3,480,081**	6,048,948
Administrative expenses	**499,452**	576,776
Total deductions	**3,979,533**	6,625,724
Net increase in net assets available for benefits	**4,090,407**	8,585,151
Net assets available for benefits		
Beginning of year	**57,185,291**	48,600,140
End of year	**$ 61,275,698**	$ 57,185,291

See accompanying notes.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements

June 30, 2014 and 2013

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. As of July 1, 2003, participation and certain benefits under the Plan were frozen, at which time participants ceased to accrue additional benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On February 1, 2011, the Company and the University of Pittsburgh Medical Center (UPMC) completed an affiliation between the organizations. There were no changes to the provisions of the Plan as a result of the affiliation; however, during 2011 substantially all of the Plan's investments were liquidated and subsequently invested in the UPMC Master Trust (the Master Trust).

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 participate in the Plan.

Benefits

As of July 1, 1987, the Plan utilizes a cash balance account design for all participants except for terminated vested participants at the time of the plan freeze in 1987, whose benefits were converted at that time to a lump-sum benefit instead of the cash balance benefit.

As of the plan freeze on July 1, 2003, participant cash balance 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%.

1. Description of the Plan (continued)

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 three 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 amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's 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 (an exit price). See Note 4 for further discussion and disclosures related to 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.

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 valuation date.

The actuarial present value of accumulated plan benefits presented below is based on actuarial valuations as of July 1, 2013, and is prepared by the Plan's actuary, using the projected unit credit actuarial cost method. There were no significant changes to the Plan that would have changed the valuation had it been performed as of June 30, 2013. 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.

2. Summary of Significant Accounting Policies (continued)

The actuarial present value of accumulated plan benefits is as follows:

	June 30, 2013
Vested benefits:	
Participants currently receiving benefits	$ 15,763,209
Other participants	27,254,367
Total vested benefits	43,017,576
Nonvested benefits	669,617
Actuarial present value of accumulated plan benefits	$ 43,687,193

The changes in the actuarial present value of the accumulated plan benefits are summarized as follows:

	Year Ended June 30, 2013
Actuarial present value of accumulated plan benefits at beginning of year	$ 46,121,384
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	161,032
Interest due to decrease in discount period	3,427,590
Benefits paid	(6,048,948)
Change in actuarial assumptions	26,135
Net decrease	(2,434,191)
Actuarial present value of accumulated plan benefits at end of year	$ 43,687,193

Significant actuarial assumptions underlying the actuarial computations are:

(a) Mortality – 2013 PPA Separate Annuitant and Non-Annuitant Mortality Tables (2012 PPA Separate Annuitant and Non-Annuitant Mortality Table for June 30, 2012 valuation)

(b) Retirement age – Age 63 (age 65 for certain grandfathered participants)

(c) Assumed rate of return on investments – 8%

2. Summary of Significant Accounting Policies (continued)

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.

3. Interest in UPMC Master Trust

In connection with the affiliation between the Company and UPMC described in Note 1, on February 25, 2011, substantially all of the Plan's investments were liquidated and subsequently invested in the Master Trust, which was established for the investment of assets of the Plan and other UPMC-sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primary contributions, benefit payments, and plan-specific administrative expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets in the Master Trust. The Plan's interest in the net assets of the Master Trust was approximately 3.8% at June 30, 2014, and 4.1% at June 30, 2013.

The Master Trust includes investments in limited partnerships, representing investments in hedge funds and private equity funds approximating $237.5 million and $408.7 million at June 30, 2014, respectively, and $190.4 million and $352.0 million at June 30, 2013, respectively. UPMC has outstanding commitments to invest up to $145.5 million and $150.7 million in limited partnerships included in the Master Trust as of June 30, 2014 and 2013, respectively.

3. Interest in UPMC Master Trust (continued)

The following table presents the fair value of the net assets of the Master Trust at June 30, 2014 and 2013:

	2014	2013
Master Trust investments, at fair value:		
Cash	**$ 19,987,618**	$ 113,554
U.S. government securities	**664,163**	1,211,628
Asset and mortgage-backed securities	**9,672,957**	4,650,728
Corporate debt instruments	**14,056,360**	16,854,697
Corporate stocks	**131,772,894**	96,530,755
Interest in common/collective trust funds	**86,319,567**	49,514,882
Interest in registered investment companies	**604,552,689**	409,829,497
Exchange-traded funds (ETFs)	**32,079,168**	13,179,566
Managed accounts:		
Asset and mortgage-backed securities	**36,059,914**	19,978,071
Common/collective trust fund	**19,649,158**	10,369,664
Money market	**3,870,020**	3,820,019
Limited partnerships	**646,210,063**	542,443,590
	1,604,894,571	1,168,496,651
Net receivables	**1,177,871**	1,027,726
Total net assets	**$ 1,606,072,442**	$ 1,169,524,377

3. Interest in UPMC Master Trust (continued)

Following is a summary of appreciation (depreciation) and interest and dividend income of the Master Trust's investments (including investments bought, sold, and held during the year):

	Year Ended June 30	
	2014	**2013**
Net appreciation (depreciation) in fair value of investments:		
Cash	**$ 33,089**	$ (3,848)
U.S. government securities	**(209,561)**	(1,026,624)
Asset and mortgage-backed securities	**60,601**	(126,771)
Corporate debt instruments	**476,863**	(179,374)
Corporate stocks	**22,076,701**	19,975,937
Interest in common/collective trust funds	**3,426,837**	2,142,227
Interest in registered investment companies	**67,562,431**	28,269,404
Exchange-traded funds (ETFs)	**(240,003)**	1,604,250
Managed accounts	**(776,094)**	(225,552)
Limited partnerships	**95,415,261**	49,868,533
Net appreciation in fair value of Master Trust investments	**187,826,125**	100,298,182
Master Trust interest and dividend income	**22,578,332**	18,220,268
Total net appreciation in fair value and interest and dividend income	**$ 210,404,457**	$ 118,518,450

4. Fair Value Measurements

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC 820 are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

4. Fair Value Measurements (continued)

- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:
  - Quoted prices for similar assets and liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in markets that are not active
  - Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity. Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

Following is a description of the valuation techniques and inputs used for each major class of assets in the Master Trust at fair value:

Cash is valued at amortized cost which approximates fair value.

Corporate stocks and ETFs are valued at the closing price reported on the active market on which the individual securities are traded.

Registered investment companies are valued based on quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. The NAV is a quoted price in an active market.

U.S. government securities are valued at fair value using quoted market prices. The quoted market price is available in an active market.

4. Fair Value Measurements (continued)

Asset and mortgage-backed securities, money market and *corporate debt instruments* are valued at fair value, which is estimated using quoted prices of securities with similar characteristics. The quoted market prices for the specific securities are not available in an active market.

Common/collective trust funds (funds) are valued at estimated fair values, which have been determined based on the unit values of the funds. Unit values are determined by the issuer sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation dates.

Limited partnerships are valued using NAV, which approximates fair value. NAV is based on the unit values of the interests. Unit values are determined by the issuer sponsoring such interests by dividing the fund's net assets at fair value by its units outstanding at the valuation dates. UPMC has an appointed Investment Committee that is responsible for determining the Plan's asset allocation and oversight of the investments held by the Plan. The Investment Committee meets quarterly and monitors all investment activity by reviewing fund performance of existing funds. All new limited partnership investments are authorized by the Investment Committee. UPMC is responsible for determining the Plan's valuation policies and analyzing information that is used to determine the fair value of the limited partnerships held by the Plan. UPMC monitors all limited partnership activity by reviewing fund performance of existing funds and performing due diligence for potential future investments. UPMC also collects and reviews the audited financial statements of the limited partnerships and reconciles the audited values to internal accounting records annually.

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 Plan's investments consist of a money market fund and an undivided interest in the Master Trust. The money market fund held outside of the Master Trust in the amount of $452,175 at June 30, 2014 and $422,055 at June 30, 2013, is classified as a Level 1 fair value measurement.

4. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of June 30, 2014 and 2013:

	Assets at Fair Value as of June 30, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash	**$ 121,986**	**$ –**	**$ –**	**$ 121,986**
Corporate stocks:				
U.S. Small Cap	**47,753,854**	**–**	**–**	**47,753,854**
U.S. Mid Cap	**5,953,191**	**–**	**–**	**5,953,191**
U.S. Large Cap	**8,256,024**	**–**	**–**	**8,256,024**
International Developed	**43,320,842**	**–**	**–**	**43,320,842**
International Emerging Market	**5,941,737**	**–**	**–**	**5,941,737**
U.S. REITS	**20,547,246**	**–**	**–**	**20,547,246**
Total corporate stocks	**131,772,894**	**–**	**–**	**131,772,894**
Corporate debt instruments		**14,056,360**	**–**	**14,056,360**
Asset and mortgage-backed securities		**9,672,957**	**–**	**9,672,957**
U.S. government securities – U.S. treasuries	**664,163**	**–**	**–**	**664,163**
Registered investment companies:				
Domestic index funds	**173,977,762**	**–**	**–**	**173,977,762**
Domestic fixed income funds	**119,221,593**	**–**	**–**	**119,221,593**
International equity index fund	**50,544,260**	**–**	**–**	**50,544,260**
International developed equity fund	**52,254,808**	**–**	**–**	**52,254,808**
International emerging market funds	**208,554,266**	**–**	**–**	**208,554,266**
Total registered investment companies	**604,552,689**	**–**	**–**	**604,552,689**
Common/collective trust funds[(a)]	**–**	**86,319,567**	**–**	**86,319,567**
Private equity and hedge investments:				
Limited partnerships:				
Private real estate[(b)]	**–**	**–**	**60,477,387**	**60,477,387**
Private natural resources[(c)]	**–**	**–**	**46,690,564**	**46,690,564**
Absolute return (hedge funds)[(d)]	**–**	**–**	**103,388,613**	**103,388,613**
Long/short equity (hedge funds)[(e)]	**–**	**–**	**134,163,013**	**134,163,013**
Private equity[(f)]	**–**	**–**	**301,490,486**	**301,490,486**
Total li**m**ited partnerships	**–**	**–**	**646,210,063**	**646,210,063**
Absolute return (managed accounts):				
Asset and mortgage-backed securities	**–**	**36,059,914**	**–**	**36,059,914**
Long/short equity (managed accounts):				
Money market fund	**–**	**3,870,020**	**–**	**3,870,020**
Common/collective trust[(a)]	**–**	**19,649,158**	**–**	**19,649,158**
Total long/short equity (managed accounts)	**–**	**23,519,178**	**–**	**23,519,178**
Long/short equity (cash)	**19,865,632**	**–**	**–**	**19,865,632**
Long/short equity (ETFs)	**32,079,168**	**–**	**–**	**32,079,168**
Total private equity and hedge investments	**51,944,800**	**59,579,092**	**646,210,063**	**757,733,955**
Total assets at fair value	**$ 789,056,532**	**$ 169,627,976**	**$ 646,210,063**	**$ 1,604,894,571**

4. Fair Value Measurements (continued)

	Assets at Fair Value as of June 30, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash	$ 113,554	$ –	$ –	$ 113,554
Corporate stocks:				
U.S. Small Cap	32,019,244	–	–	32,019,244
U.S. Mid Cap	4,246,265	–	–	4,246,265
U.S. Large Cap	8,657,717	–	–	8,657,717
Emerging Market	2,149,340	–	–	2,149,340
International Developed	31,638,690	–	–	31,638,690
International Emerging Market	181,799	–	–	181,799
U.S. REITS	17,637,700	–	–	17,637,700
Total corporate stocks	96,530,755	–	–	96,530,755
Corporate debt instruments	–	16,854,697	–	16,854,697
Asset and mortgage-backed securities	–	4,650,728	–	4,650,728
U.S. government securities – U.S. treasuries	1,211,628	–	–	1,211,628
Registered investment companies:				
Domestic index funds	135,227,950	–	–	135,227,950
Domestic fixed income funds	96,371,595	–	–	96,371,595
International equity index fund	36,516,377	–	–	36,516,377
International developed equity fund	31,449,435	–	–	31,449,435
International emerging market funds	110,264,140	–	–	110,264,140
Total registered investment companies	409,829,497	–	–	409,829,497
Common/collective trust funds[(a)]	–	49,514,882	–	49,514,882
Private equity and hedge investments:				
Limited partnerships:				
Private real estate[(b)]	–	–	55,795,016	55,795,016
Private natural resources[(c)]	–	–	37,130,857	37,130,857
Absolute return (hedge funds)[(d)]	–	–	82,447,163	82,447,163
Long/short equity (hedge funds)[(e)]	–	–	107,971,348	107,971,348
Private equity[(f)]	–	–	259,099,206	259,099,206
Total limited partnerships	–	–	542,443,590	542,443,590
Absolute return (managed accounts):				
Asset and mortgage-backed securities	–	19,978,071	–	19,978,071
Long/short equity (managed accounts):				
Money market fund	–	3,820,019	–	3,820,019
Common/collective trust	–	10,369,664	–	10,369,664
Total long/short equity (managed accounts)	–	14,189,683	–	14,189,683
Long/short equity (ETFs)	13,179,566	–	–	13,179,566
Total private equity and hedge investments	13,179,566	34,167,754	542,443,590	589,790,910
Total assets at fair value	$ 520,865,000	$ 105,188,061	$ 542,443,590	$ 1,168,496,651

4. Fair Value Measurements (continued)

[a] The investment objective for these funds is to achieve long-term capital growth. One fund also seeks to achieve total return in excess of the Morgan Stanley Capital International Inc. Emerging Markets Index through investing in emerging stock markets. Liquidity provisions vary per fund, with redemptions being permitted on the valuation date with written notification at least one month prior to redemption. The valuation date varies per fund, and ranges mainly from weekly to monthly.

[b] The investment objective of these partnerships is to invest in commercial real estate properties and real estate related assets. On an individual basis, these partnerships have a finite life. At June 30, 2014, it is estimated that the underlying assets of these partnerships will be liquidated over an average of eight years and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnerships. Some of these partnerships may elect to extend their term at their discretion. The outstanding commitment to invest in these funds is up to $15.0 million.

[c] The investment objective of these limited partnerships is to acquire energy assets such as oil and natural gas production, oilfield services, power generation, and other natural resources-related industries that have the potential for meaningful capital appreciation. On an individual basis, these partnerships have a finite life. At June 30, 2014, it is estimated that the underlying assets of these partnerships will be liquidated over an average of ten years and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnerships. Some of these partnerships may elect to extend their term at their discretion. The outstanding commitment to invest in these funds is up to $23.4 million.

[d] The investment objective for these limited partnerships is to invest with the goal of generating a positive real return without correlation to general markets. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly or quarterly basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions exist as of June 30, 2014 and through April 8, 2015, the date these financial statements were available to be issued.

[e] The investment objective for these limited partnerships is to invest with the goal of generating a return similar to equity markets with less volatility. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly, quarterly, or annual basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions exist as of June 30, 2014, and through April 8, 2015, the date these financial statements were available to be issued.

[f] The investment objective of these limited partnerships is to achieve long-term capital appreciation through a diversified portfolio of leveraged buyout, growth equity, venture capital, structured equity, and distressed debt investment opportunities throughout the globe. On an individual basis, these partnerships have a finite life. At June 30, 2014, it is estimated that the underlying assets of the funds will be liquidated over an average of eight years and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnerships. Some of these partnerships may elect to extend their term at their discretion. The outstanding commitment to invest in these funds is up to $107.1 million

4. Fair Value Measurements (continued)

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the years ended June 30, 2014 and 2013:

	Limited Partnerships	
	2014	**2013**
Beginning balance	**$ 542,443,590**	$ 504,906,755
Realized gains*	**28,664,900**	17,018,839
Unrealized gains (losses) relating to assets still held at the reporting date*	**66,750,361**	32,849,694
Purchases	**104,464,691**	71,052,005
Sales	**(96,113,479)**	(83,383,703)
Ending balance	**$ 646,210,063**	$ 542,443,590

* These gains and losses (realized and unrealized) are reported in net investment gain from plan interest in UPMC Master Trust on the statements of changes in net assets available for benefits.

5. 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 and to maintain the Plan at the appropriate level to avoid paying Pension Benefit Guaranty Corporation variable rate premiums. Participant contributions are not permitted. The minimum funding requirements of ERISA were met for 2014 and 2013.

6. Plan Termination

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.

6. Plan Termination (continued)

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.

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.

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

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 plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

7. Related-Party Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Certain 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 Plan has received a determination letter dated May 29, 2014 from the Internal Revenue Service (IRS) stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) (Code) and therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken a position that more likely than not would be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2014, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

9. Risks and Uncertainties (continued)

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 could materially affect the amounts reported and disclosed in the financial statements.

10. Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2014, to the Form 5500:

	June 30, 2014
Net assets available for benefits per the financial statements	$ 61,275,698
Less: Amounts allocated to withdrawing participants at June 30, 2014	(166,072)
Net assets available for benefits per the Form 5500	$ 61,109,626

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended June 30, 2014:

Benefits paid to participants per the financial statements	$ 3,480,081
Add: Amounts allocated to withdrawing participants at June 30, 2014	166,072
Benefits paid to participants per the Form 5500	$ 3,646,153

11. Subsequent Events

Management evaluated subsequent events for the Plan through April 8, 2015, the date the financial statements were available to be issued.

Supplemental Schedule

Hamot Health Foundation Cash Account Pension Plan

EIN #25-0965387 Plan #001

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

June 30, 2014

Identity of Issue	Description of Investment	Cost	Current Value
* Money market fund	Blackrock Liquidity Funds Tempfund Institutional Shrs #24	$ 452,175	$ 452,175
	Total	$ 452,175	$ 452,175

* A party in interest as defined by ERISA

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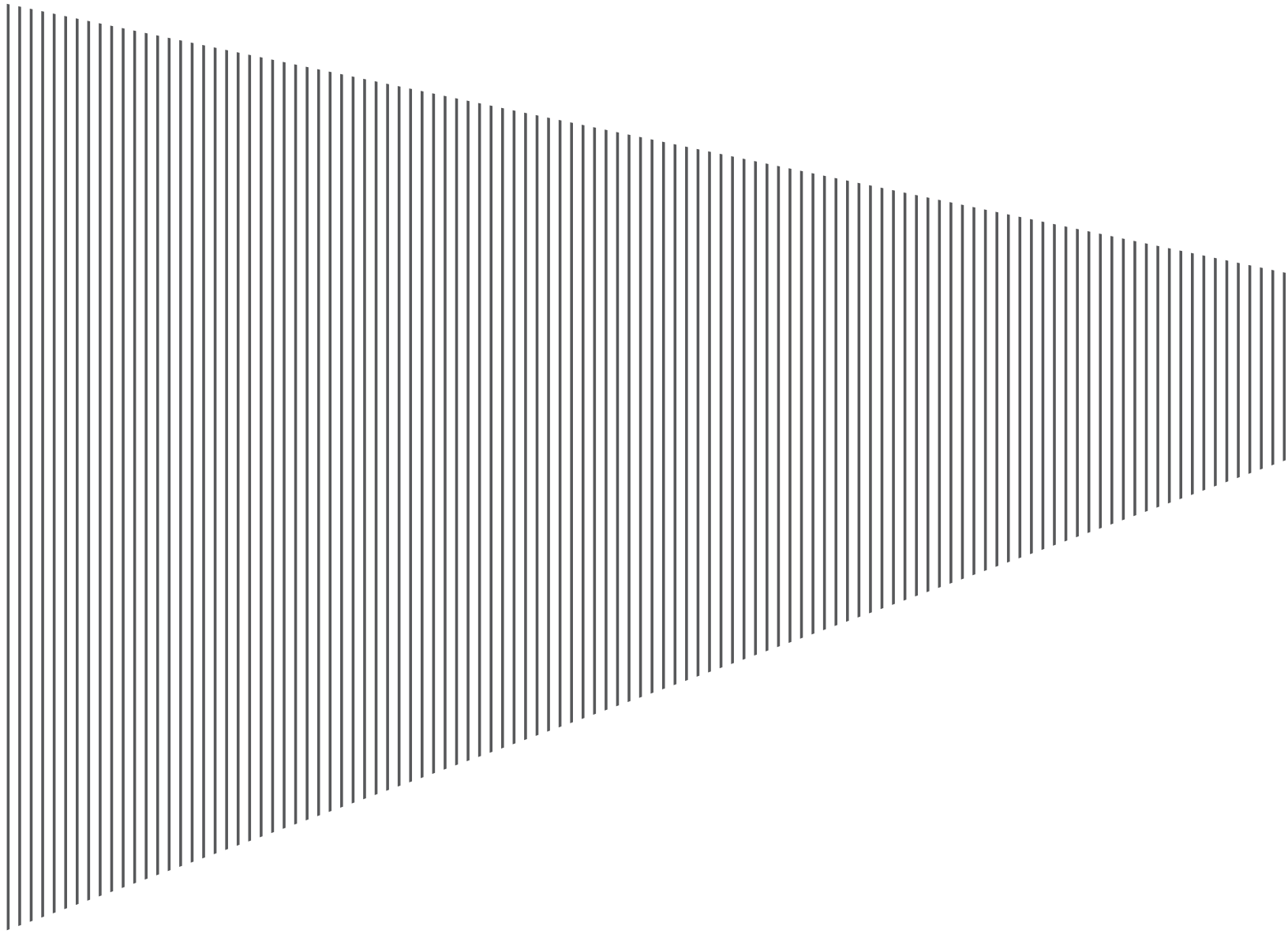

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2013 This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **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: UPMC HAMOT

D Employer Identification Number (EIN): 25-0965387

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 2013

2 Assets:

a Market value	2a	56,392,395
b Actuarial value	2b	57,107,374

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	392	17,875,587
b For terminated vested participants	3b	676	11,374,671
c For active participants:			
(1) Non-vested benefits	3c(1)		482,286
(2) Vested benefits	3c(2)		19,621,872
(3) Total active	3c(3)	845	20,104,158
d Total	3d	1,913	49,354,416

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.08 %
6 Target normal cost	6	391,000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 2/17/2015

HUGH JACKSON
Type or print name of actuary

14-05998
Most recent enrollment number

MERCER
Firm name

(410) 374-8102
Telephone number (including area code)

ONE SOUTH STREET, SUITE 1001

BALTIMORE MD 21202
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.69 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7,716,092
	b Interest on (a) using prior year's effective interest rate of 6.78 % except as otherwise provided (see instructions)		523,151
	c Total available at beginning of current plan year to add to prefunding balance		8,239,243
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	115.70 %
15	Adjusted funding target attainment percentage	15	115.70 %
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	97.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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
4.94 %	6.15 %	6.76 %	

b Applicable month (enter code)	21b	4
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	31a	391,000
b Excess assets, if applicable, but not greater than line 31a	31b	391,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost increased from $298,000 to $391,000 to reflect our expectations for the current plan year.

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions

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 ongoing benefit accruals for active grandfathered participants only. Non-grandfathered participants receive interest only on their contribution account balance. 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 vesting service, a participant earns one year of vesting service for each year in which 1,000 hours are credited. 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.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit

For participants eligible for a grandfathered benefit, the normal retirement benefit is the greater of (a)the accrued benefit at normal retirement date under the formula: one percent (1%) of the participant's final average earnings (the highest five consecutive years of earnings under the last ten years prior to retirement) multiplied by years of credited service, plus 0.62% of the final average earnings in excess of the social security covered compensation multiplied by years of credited service (not to exceed 35); or (b) the participant's contribution account benefit.

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.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit (Continued)	Each participant's contribution account continues to accrue interest. The method for setting the annual interest credit rate is defined in Section 4.06(c) of the plan document. This rate is set equal to the lesser of: (1) the two-month average rate of interest on one-year Treasury securities in effect for May and June immediately preceding the first day of the plan year plus 1%, and (2) the 30-year treasury rate for June preceding the applicable plan year. The ultimate rate is then round to the nearest tenth of a percent.
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 his accrued benefit as of 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.

Schedule SB, Part V — Summary of Plan Provisions

• 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, whichever 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.
• Benefit prior to early retirement	If the participant dies before retirement and before age 55, the surviving spouse will receive the greater of 100% of the benefit that would have been payable had the participant survived until the earliest retirement date or the value of his account balance as of the date of death. 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.
• Benefit after early retirement	Upon the death of an active participant after early retirement age, the surviving spouse will receive the greater of 100% of the accrued benefit reduced for early retirement 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.

Schedule SB, Part V — Summary of Plan Provisions

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 normal form for married participants is the qualified joint and survivor form (100% joint and survivor annuity), which is equal to the automatic form for unmarried participants.
• Optional forms	Lump sum payment (for non-grandfathered participants), 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 with a three-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. This limit is indexed annually. For 2013, the limit is $255,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2013, the limit is $205,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through July 1, 2005, are included in this valuation.

- **Plan amendments excluded:** None
- **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 70½. This valuation includes increases for current participants over age 70.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions Specific to Funding

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions

Exhibit A – Monthly Cash Balance Conversion Factors

Age	Conversion Factor	Age	Conversion Factor
Less than or equal to 56	16.6667	79	10.0000
57	16.0000	80	9.0000
58	16.0000	81	9.0000
59	16.0000	82	9.0000
60	16.0000	83	8.0000
61	15.0000	84	8.0000
62	15.0000	85	8.0000
63	15.0000	86	7.0000
64	15.0000	87	7.0000
65	14.0000	88	7.0000
66	14.0000	89	6.0000
67	14.0000	90	6.0000
68	14.0000	91	6.0000
69	13.0000	92	5.0000
70	13.0000	93	5.0000
71	13.0000	94	5.0000
72	12.0000	95	5.0000
73	12.0000	96	4.0000
74	12.0000	97	4.0000
75	11.0000	98	4.0000
76	11.0000	99	4.0000
77	11.0000	100	4.0000
78	10.0000	101 and beyond	3.0000

Actuarial basis for conversion factors:

- GATT 2003 mortality
- 5.00% interest

Factors rounded up to next integer

Hamot Health Foundation Cash Account Pension Plan

EIN #25-0965387 Plan #001

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

June 30, 2014

Identity of Issue	Description of Investment	Cost	Current Value
* Money market fund	Blackrock Liquidity Funds Tempfund Institutional Shrs #24	$ 452,175	$ 452,175
	Total	$ 452,175	$ 452,175

* A party in interest as defined by ERISA

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	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34	4	17									21
35–39	1	45 5,024	18								64
40–44	5	33 4,922	37 16,803	16							91
45–49	4	40 6,376	36 23,199	43 30,890	28 45,113						151
50–54	5	44 6,688	29 20,611	36 34,620	85 50,874	2					201
55–59	3	48 5,049	28 17,867	25 37,550	30 49,540	54 70,128	1				189
60–64	2	21 5,409	10	20 42,133	15	28 62,810	12				108
65–69	1	3	4	2	3	1	3	1			18
70 & up				1				1			2
Total	25	251	162	143	161	85	16	2			845

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is the average account balance as of July 1, 2013. Average account balance is not shown for cells with fewer than 20 participants.

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 Required	#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
Average				62.74

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

Actuarial Assumptions for July 1, 2013 Funding Valuation

Discount rate sponsor elections

• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.94%	1.54%
• Next 15 years	6.15%	4.28%
• Over 20 years	6.76%	5.32%

Mortality sponsor elections

• Healthy and disabled participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA

Cash balance plans

		Percentage
• Interest accumulation rate	**Year**	**Interest Credit**
	2012	1.25%
	2013	1.50%
	2014	2.00%
	2015	2.50%
	2016	3.00%
	2017	3.50%
	2018 and beyond	4.00%

• Whipsaw calculations	Not applicable
• Annuity conversion	
— Mortality table	Not applicable
— Interest rate basis	Not applicable

Other economic assumptions

• Salary increases	Not applicable
• Flat-dollar benefit increases	Not applicable
• Social Security wage base	Not applicable
• Inflation	2.50% per year
• Expected investment return	8.00% per year
• Expenses	$391,000 (Last year's administrative expense excluding PBGC plus this year's expected PBGC charges, rounded to the nearest $1,000)

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

Demographic assumptions

- Withdrawal: 90.0% of the 2003 SOA termination table.
- Disability incidence: 1985 Pension Disability table, Class 2
- Retirement age

Attained age	Percentage
60	15.0%
61	20.0%
62	25.0%
63	30.0%
64	35.0%
65	60.0%
66	80.0%
67+	100.0%

- 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.

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 with 3cc	100% 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%
Current deferred beneficiaries	0%	0%	100%

Unpredictable contingent event assumptions: Not applicable

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

Actuarial Methods for Funding

Asset Methods

The asset valuation method is an average of the adjusted market value for each month during the last two months (three data points) preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

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

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 who met the participation requirements of the plan as of the valuation date.
- **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.

Minimum Funding Methods

The funding target 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:

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