

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>			
A	This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan; ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report; ☒ the final return/report;	
	☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).		
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;	
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>HAMOT HEALTH FOUNDATION CASH ACCOUNT PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1965</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UPMC HAMOT</u> <u>201 STATE STREET</u> <u>ERIE, PA 16550-0001</u>	2b	Employer Identification Number (EIN) <u>25-0965387</u>
		2c	Plan Sponsor's telephone number <u>814-877-6000</u>
		2d	Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2017	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1668
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 776 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

▶ 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: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2015			
2 Assets:			
a Market value	2a	57759929	
b Actuarial value	2b	58398323	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	364	18216684	18216684
b For terminated vested participants	528	10160930	10160930
c For active participants	776	18924920	19127854
d Total	1668	47302534	47505468
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.97%	
6 Target normal cost	6	718000	

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	03/17/2017	Date
JASON M. BRAVO	14-05569	Most recent enrollment number
HEWITT ASSOCIATES LLC	216-573-9700	Telephone number (including area code)
5005 ROCKSIDE ROAD, SUITE 1000 INDEPENDENCE, OH 44131-6828		
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 <u>3.04</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.20</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	122.92 %
15 Adjusted funding target attainment percentage	15	122.92 %
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	122.20 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	718000										
b Excess assets, if applicable, but not greater than line 31a	31b	718000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	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									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b											
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		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC BANK, NATIONAL ASSOCIATION
25-1211909

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

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

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

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?
17 50	NONE	153910	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HEWITT ASSOCIATES, LLC

36-2235791

(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 49 50	NONE	38502	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERMST & YOUNG

34-6565596

(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?
10 50	NONE	36400	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)

BNY MELLON

25-0659306

(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?
25 50	NONE	8115	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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: HUGH JACKSON	b EIN: 13-2834414
c Position: ENROLLED ACTUARY	
d Address: ONE SOUTH STREET, SUITE 1001 BALTIMORE, MD 21202	e Telephone: 410-374-8102

Explanation: AS A RESULT OF A CHANGE IN THE FIRMS PROVIDING ACTUARIAL SERVICES, THE ENROLLED ACTUARY HAS CHANGED

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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)
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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 25-1423657-999	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	58610995	0
	(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	58610995	0

Liabilities

g Benefit claims payable	1g	327083	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	327083	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	58283912	0
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Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-4702009
(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		-4702009

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4971074	
(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)		4971074
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)	222471	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	11866	
(4) Other	2i(4)	385358	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		619695
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5590769

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10292778
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		47991134

Part III Accountant's Opinion

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

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

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

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

☐ Yes ☒ No

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

(1) Name: 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	N/A	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.)		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.)		X		

	Yes	No	N/A	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.)		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.)		X		
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)		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.)		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?	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X		
o Did the plan trust incur unrelated business taxable income?			X	
p Were in-service distributions made during the plan year?		X		

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)
UPMC BASIC RETIREMENT PLAN	25-1423657	333

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

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

A Name of plan <u>HAMOT HEALTH FOUNDATION CASH ACCOUNT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UPMC HAMOT</u>	D Employer Identification Number (EIN) <u>25-0965387</u>

Part I	Distributions
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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	<u>0</u>
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): <u>25-0965387</u>		
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	<u>94</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>37.0</u> % Investment-Grade Debt: <u>9.0</u> % High-Yield Debt: <u>5.0</u> % Real Estate: <u>1.0</u> % Other: <u>48.0</u> %
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

FINANCIAL STATEMENTS

Hamot Health Foundation Cash Account Pension Plan
Years Ended June 30, 2016 and 2015
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

Hamot Health Foundation Cash Account Pension Plan

Financial Statements

Years Ended June 30, 2016 and 2015

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Report of Independent Auditors

The 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, 2016 and 2015, 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.

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, 2016, 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, 2015, and the changes in its financial status for the year then ended, in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

April 6, 2017

Hamot Health Foundation Cash Account Pension Plan

Statements of Net Assets Available for Benefits

	June 30	
	2016	2015
Assets		
Investments, at fair value:		
Plan interest in UPMC Master Trust	\$ —	\$ 58,610,995
Net assets available for benefits	<u>\$ —</u>	<u>\$ 58,610,995</u>

See accompanying notes.

Hamot Health Foundation Cash Account Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended June 30	
	2016	2015
Additions to net assets attributed to		
Investment (loss) income:		
Net investment (loss) gain from plan interest in		
UPMC Master Trust	\$ (4,702,009)	\$ 1,943,776
Interest and dividends	—	32
Net investment (loss) income	(4,702,009)	1,943,808
Total additions net of investment losses	(4,702,009)	1,943,808
Deductions from net assets attributed to		
Benefits paid to participants	5,298,157	3,864,009
Administrative expenses	619,695	744,502
Total deductions	5,917,852	4,608,511
Transfer of assets due to plan merger	47,991,134	—
Net decrease in net assets available for benefits	(58,610,995)	(2,664,703)
Net assets available for benefits		
Beginning of year	58,610,995	61,275,698
End of year	\$ —	\$ 58,610,995

See accompanying notes.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements

June 30, 2016 and 2015

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 was a noncontributory defined benefit pension plan covering substantially all employees of Hamot Health Foundation prior to 2011 and UPMC Hamot subsequent to 2011 (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 was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In 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).

Plan Merger

Effective June 30, 2016, the Plan was merged into the UPMC Basic Retirement Plan. The net assets of the Plan were transferred to the UPMC Basic Retirement Plan and are reflected on the statement of changes in net assets available for benefits as a transfer of assets due to plan merger.

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 were not eligible to participate in the Plan.

Benefits

As of July 1, 1989, the Plan utilized a cash balance account design for all participants except for terminated vested participants at the time of the cash balance account design plan, whose benefits were converted at that time to a lump-sum benefit instead of the cash balance benefit.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

As of the plan freeze on July 1, 2003, participant cash balance accounts earned an annual interest credit at a rate generally based on the two-month average of the one-year United States Treasury Securities Rate for the two months immediately preceding the first day of the plan year plus 1%.

On termination of service due to death, disability, retirement, or other reasons, a participant was 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 permitted early retirement from age 55 to 64.

Vesting

Vesting was based on years of credited service. Eligible participants became 100% vested upon completion of three or seven years of credited service, depending on the participant's termination date. Participants earned one year of credited service for each year in which they were credited with at least 1,000 hours of service after the age of 18.

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. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

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 were 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, 2015, 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, 2015. 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.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

	June 30, 2015
Vested benefits:	
Participants currently receiving benefits	\$ 16,535,574
Other participants	25,763,000
Total vested benefits	42,298,574
Nonvested benefits	307,265
Actuarial present value of accumulated plan benefits	<u><u>\$ 42,605,839</u></u>

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

	Year Ended June 30, 2015
Actuarial present value of accumulated plan benefits at beginning of year	\$ 44,323,501
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	(1,148,061)
Interest due to decrease in discount period	3,512,817
Benefits paid	(3,864,009)
Change in actuarial assumptions	(218,409)
Net decrease	<u>(1,717,662)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 42,605,839</u></u>

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Significant actuarial assumptions underlying the actuarial computations are:

- (a) Mortality – Generational RP–2014 Mortality Table adjusted and projected with Scale MP–2016 and 2015 at June 30, 2016 and 2015, respectively.
- (b) Retirement age – Actives – Retirement at varying percentages for the ages of 60 through 66 with 100% of participants assumed to retire by age 67. Term Vested – Age 63 (age 65 for certain grandfathered participants)
- (c) Assumed rate of return on investments – 8%

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.

The accumulated plan benefits information presented herein does not include the effects of the merger of the Plan into the UPMC Basic Retirement Plan discussed in Note 1.

3. Interest in UPMC Master Trust

In connection with the affiliation between the Company and UPMC described in Note 1, in 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 0.0% at June 30, 2016, and 3.5% at June 30, 2015.

The Master Trust includes investments in limited partnerships, representing investments in hedge funds and private equity funds approximating \$191.1 million and \$441.8 million at June 30, 2016, respectively, and \$237.2 million and \$427.3 million at June 30, 2015, respectively. UPMC has outstanding commitments to invest up to \$227.5 million and \$171.3 million in limited partnerships included in the Master Trust as of June 30, 2016 and 2015, respectively.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

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, 2016 and 2015:

	June 30	
	2016	2015
Master Trust investments, at fair value:		
Cash	\$ 11,151,679	\$ 9,869,847
U.S. government securities	5,289,488	7,999,653
Asset and mortgage-backed securities	35,897,533	11,420,818
Corporate debt instruments	15,323,603	17,528,514
Corporate stocks	147,151,774	136,023,719
Interest in common/collective trust funds	104,236,486	114,241,918
Interest in registered investment companies	517,178,910	582,474,199
Exchange-traded funds (ETFs)	20,713,043	33,809,568
Managed accounts:		
U.S. REITS	527,092	327,396
Asset and mortgage-backed securities	37,418,890	37,386,026
Common/collective trust fund	66,000,227	52,431,321
Money market	—	659
Limited partnerships	632,953,530	664,460,138
	<u>1,593,842,255</u>	<u>1,667,973,776</u>
Net (payables) receivables	(1,427,692)	930,581
Total net assets	<u>\$ 1,592,414,563</u>	<u>\$ 1,668,904,357</u>

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

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	
	2016	2015
Net appreciation (depreciation) in fair value of investments:		
Cash	\$ 142,080	\$ (64,250)
U.S. government securities	185,140	12,601
Asset and mortgage-backed securities	527,935	(17,532)
Corporate debt instruments	457,103	(266,627)
Corporate stocks	(7,194,170)	(3,046,630)
Interest in common/collective trust funds	(2,843,343)	(2,769,324)
Interest in registered investment companies	(27,728,926)	(16,771,324)
Exchange-traded funds (ETFs)	(373,442)	2,640,714
Managed accounts	(2,127,148)	(2,784,027)
Limited partnerships	17,800	49,061,410
Net (depreciation) appreciation in fair value of Master Trust investments	(38,936,971)	25,995,011
Master Trust interest and dividend income	25,982,252	28,661,422
Total net (depreciation) appreciation in fair value and interest and dividend income	<u>\$ (12,954,719)</u>	<u>\$ 54,656,433</u>

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.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

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 general type of investment in the Master Trust at fair value:

Cash is valued at amortized cost which approximates fair value.

Corporate stocks, ETFs and U.S. REITS 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.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

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.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

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, 2016 and 2015:

	Assets at Fair Value as of June 30, 2016			
	Level 1	Level 2	Level 3	Total
Cash	\$ 17,256	\$ –	\$ –	\$ 17,256
Corporate stocks:				
U.S. Small Cap	31,012,130	–	–	31,012,130
U.S. Mid Cap	12,503,669	–	–	12,503,669
U.S. Large Cap	13,919,786	–	–	13,919,786
International Developed	54,659,357	–	–	54,659,357
International Emerging Market	7,753,770	–	–	7,753,770
U.S. REITS	27,303,062	–	–	27,303,062
Total corporate stocks	147,151,774	–	–	147,151,774
Corporate debt instruments	–	15,323,603	–	15,323,603
Asset and mortgage-backed securities	–	35,897,533	–	35,897,533
U.S. government securities – U.S. treasuries	5,289,488	–	–	5,289,488
Registered investment companies:				
Domestic index funds	146,787,837	–	–	146,787,837
Domestic fixed income funds	120,950,328	–	–	120,950,328
International developed equity fund	32,935,431	–	–	32,935,431
International equity index fund	19,969,886	–	–	19,969,886
International emerging market funds	186,370,727	–	–	186,370,727
Total registered investment companies	517,178,910	–	–	517,178,910
Common/collective trust funds ^(a)	–	104,236,486	–	104,236,486
Private equity and hedge investments:				
Limited partnerships:				
Private real estate ^(b)	–	–	54,880,288	54,880,288
Private natural resources ^(c)	–	–	53,727,928	53,727,928
Absolute return (hedge funds) ^(d)	–	–	85,091,751	85,091,751
Long/short equity (hedge funds) ^(e)	–	–	106,017,355	106,017,355
Private equity ^(f)	–	–	333,236,208	333,236,208
Total limited partnerships	–	–	632,953,530	632,953,530
Absolute return (managed accounts):				
U.S. REITS	527,092	–	–	527,092
Asset and mortgage-backed securities	–	37,418,890	–	37,418,890
Common/collective trust	–	969,272	–	969,272
Long/short equity (managed accounts):				
Common/collective trust ^(a)	–	65,030,955	–	65,030,955
Total long/short equity (managed accounts)	527,092	103,419,117	–	103,946,209
Long/short equity (cash)	11,134,423	–	–	11,134,423
Long/short equity (ETFs)	20,713,043	–	–	20,713,043
Total private equity and hedge investments	32,374,558	103,419,117	632,953,530	768,747,205
Total assets at fair value	\$ 691,847,285	\$ 269,041,440	\$ 632,953,530	\$ 1,593,842,255

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

	Assets at Fair Value as of June 30, 2015			
	Level 1	Level 2	Level 3	Total
Cash	\$ 313,341	\$ –	\$ –	\$ 313,341
Corporate stocks:				
U.S. Small Cap	24,200,743	–	–	24,200,743
U.S. Mid Cap	18,604,575	–	–	18,604,575
U.S. Large Cap	16,341,920	–	–	16,341,920
International Developed	45,737,750	–	–	45,737,750
International Emerging Market	9,761,844	–	–	9,761,844
U.S. REITS	21,376,887	–	–	21,376,887
Total corporate stocks	136,023,719	–	–	136,023,719
Corporate debt instruments	–	17,528,514	–	17,528,514
Asset and mortgage-backed securities	–	11,420,818	–	11,420,818
U.S. government securities – U.S. treasuries	7,999,653	–	–	7,999,653
Registered investment companies:				
Domestic index funds	153,425,233	–	–	153,425,233
Domestic fixed income funds	125,824,880	–	–	125,824,880
International equity index fund	19,161,582	–	–	19,161,582
International developed equity fund	54,492,977	–	–	54,492,977
International emerging market funds	229,569,527	–	–	229,569,527
Total registered investment companies	582,474,199	–	–	582,474,199
Common/collective trust funds ^(a)	–	114,241,918	–	114,241,918
Private equity and hedge investments:				
Limited partnerships:				
Private real estate ^(b)	–	–	61,089,096	61,089,096
Private natural resources ^(c)	–	–	42,714,360	42,714,360
Absolute return (hedge funds) ^(d)	–	11,667,317	88,108,650	99,775,967
Long/short equity (hedge funds) ^(e)	–	–	137,404,942	137,404,942
Private equity ^(f)	–	–	323,475,773	323,475,773
Total limited partnerships	–	11,667,317	652,792,821	664,460,138
Absolute return (managed accounts):				
U.S. REITS	327,396	–	–	327,396
Asset and mortgage-backed securities	–	37,386,026	–	37,386,026
Common/collective trust	–	51,299,442	–	51,299,442
Long/short equity (managed accounts):				
Money market fund	–	659	–	659
Common/collective trust ^(a)	–	1,131,879	–	1,131,879
Total long/short equity (managed accounts)	327,396	89,818,006	–	90,145,402
Long/short equity (cash)	9,556,506	–	–	9,556,506
Long/short equity (ETFs)	33,809,568	–	–	33,809,568
Total private equity and hedge investments	43,693,470	101,485,323	652,792,821	797,971,614
Total assets at fair value	\$ 770,504,382	\$ 244,676,573	\$ 652,792,821	\$ 1,667,973,776

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

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, 2016, 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 \$29,066,770.
- (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, 2016, 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 \$47,035,823.
- (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, 2016, and through 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, 2016, and through 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, 2016, 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 \$151,351,669.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

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, 2016 and 2015:

	Limited Partnerships	
	2016	2015
Beginning balance	\$ 652,792,821	\$ 646,210,063
Transfer out of Level 3	–	(11,870,538)
Realized gains*	37,262,848	54,096,501
Unrealized losses relating to assets still held at the reporting date*	(36,230,162)	(5,035,091)
Purchases	97,636,968	107,204,142
Sales	(118,508,945)	(137,812,256)
Ending balance	<u>\$ 632,953,530</u>	<u>\$ 652,792,821</u>

* These gains and losses (realized and unrealized) are reported in net investment (loss) 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 contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants, to maintain the Plan at the appropriate level to avoid paying Pension Benefit Guaranty Corporation (PBGC) variable rate premiums, and to satisfy the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirement. The Plan has met the ERISA minimum funding requirements for 2016 and 2015.

6. Related-Party and Party-in-Interest 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.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

7. 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 (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 believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related Master Trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2016, 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.

8. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to 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.

9. Subsequent Events

Management evaluated subsequent events for the Plan through April 6, 2017, the date the financial statements were available to be issued.

Hamot Health Foundation Cash Account Pension Plan

Notes to Financial Statements (continued)

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, 2016 and 2015, to the Form 5500:

	June 30	
	2016	2015
Net assets available for benefits per the financial statements	\$ —	\$ 58,610,995
Less: Amounts allocated to withdrawing participants	—	(327,083)
Net assets available for benefits per the Form 5500	<u>\$ —</u>	<u>\$ 58,283,912</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended June 30, 2016:

Benefits paid to participants per the financial statements	\$ 5,298,157
Add: Amounts allocated to withdrawing participants at June 30, 2016	—
Less: Amounts allocated to withdrawing participants at June 30, 2015	(327,083)
Benefits paid to participants per the Form 5500	<u>\$ 4,971,074</u>

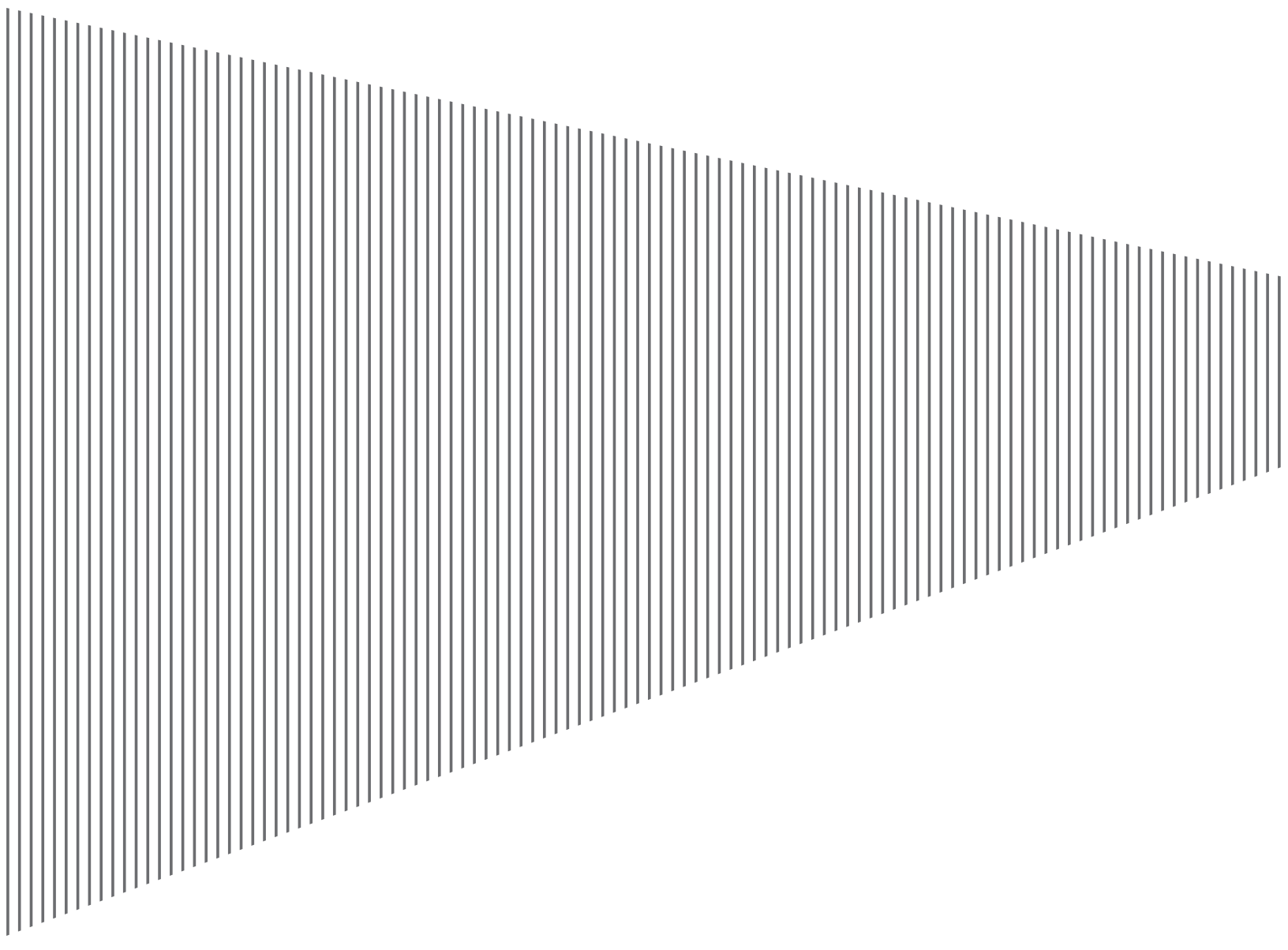
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Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of July 1, 2015

Attained Age	Number of Participants and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34	3	7	1							
35-39	2	34 \$3,652	6							
40-44	2	32 \$5,761	40 \$13,716	3						
45-49	6	36 \$5,669	55 \$21,659	34 \$29,102	7					
50-54	6	35 \$7,870	39 \$20,824	37 \$33,395	61 \$49,699					
55-59	3	41 \$4,864	36 \$25,217	30 \$39,394	50 \$54,445	32 \$66,894				
60-64		29 \$6,015	15	17	16	32 \$72,107	4			
65-69	1	8	1	2	3	7	3			
70+										

N-776

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of March 2015), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA	
1st Segment Rate	4.72%	
2nd Segment Rate	6.11%	
3rd Segment Rate	6.81%	
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of March 2015), without regard to interest rate stabilization	
1st Segment Rate	1.25%	
2nd Segment Rate	4.08%	
3rd Segment Rate	5.15%	
Cash Balance Interest Crediting Rate	2015	2.50%
	2016	3.00%
	2017	3.50%
	2018+	4.00%
Optional Payment Form Election Percentage	Grandfathered: 66-2/3% 3-year certain and continuous annuity; 33-1/3% 100% joint & survivor	
	Non-grandfathered: 100% lump sum	
Optional Payment Form Conversion Interest Rate	8%	
Optional Payment Form Conversion Mortality	UP-1984 Mortality Table set back three years	
Retirement Age		
Active Participants	See Table 1	
Terminated Vested Participants	Age 65 grandfathered participants; Age 63 non-grandfathered participants	
Mortality Rates		
Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)	
Withdrawal Rates	See Table 2	
Disability Rates	See Table 3	

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two months, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Trust Expenses Included in Target Normal Cost	\$718,000, based on prior year expenses rounded to the nearest \$1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	July 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Table 1

Retirement Rates

Age	Rate
60	15.00%
61	20.00%
62	25.00%
63	30.00%
64	35.00%
65	60.00%
66	80.00%
67+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Table 2

Withdrawal Rates—90% of 2003 SOA Termination Table

Age	Rate	Age	Rate
18	32.148%	48	5.328%
19	17.739%	49	5.265%
20	15.714%	50	5.067%
21	19.107%	51	4.932%
22	20.025%	52	4.815%
23	19.638%	53	4.590%
24	18.171%	54	3.888%
25	16.659%	55	2.628%
26	15.291%	56	2.025%
27	13.977%	57	1.854%
28	12.735%	58	1.908%
29	11.718%	59	2.043%
30	10.971%	60	1.980%
31	10.296%	61	2.097%
32	9.630%	62	2.304%
33	8.919%	63	2.250%
34	8.325%	64	2.358%
35	7.902%	65	2.538%
36	7.533%	66	2.646%
37	7.200%	67	2.565%
38	6.822%	68	2.646%
39	6.507%	69	3.150%
40	6.300%	70	3.627%
41	6.048%	71+	0.000%
42	5.886%		
43	5.787%		
44	5.697%		
45	5.589%		
46	5.490%		
47	5.382%		

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Table 3

Disability Rates—1985 Pension Disability Table, Class 2

Age	Male	Female	Age	Male	Female
15	0.044%	0.039%	45	0.505%	0.522%
16	0.047%	0.042%	46	0.556%	0.570%
17	0.051%	0.045%	47	0.616%	0.628%
18	0.055%	0.048%	48	0.682%	0.695%
19	0.059%	0.051%	49	0.751%	0.770%
20	0.064%	0.055%	50	0.830%	0.854%
21	0.069%	0.060%	51	0.922%	0.947%
22	0.074%	0.066%	52	1.033%	1.052%
23	0.080%	0.074%	53	1.170%	1.181%
24	0.086%	0.084%	54	1.330%	1.334%
25	0.093%	0.096%	55	1.502%	1.490%
26	0.100%	0.108%	56	1.674%	1.630%
27	0.108%	0.121%	57	1.836%	1.733%
28	0.116%	0.135%	58	1.984%	1.753%
29	0.125%	0.149%	59	2.125%	1.773%
30	0.134%	0.165%	60	2.266%	1.793%
31	0.145%	0.181%	61	2.409%	1.813%
32	0.157%	0.198%	62	2.558%	1.833%
33	0.170%	0.215%	63	2.712%	1.903%
34	0.184%	0.234%	64	2.868%	1.992%
35	0.199%	0.252%	65	3.028%	2.095%
36	0.216%	0.272%	66	3.199%	2.207%
37	0.237%	0.293%	67	3.382%	2.322%
38	0.260%	0.314%	68	3.577%	2.441%
39	0.285%	0.335%	69	3.781%	2.567%
40	0.314%	0.357%	70+	0.000%	0.000%
41	0.345%	0.383%			
42	0.381%	0.413%			
43	0.419%	0.447%			
44	0.460%	0.482%			

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <p>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).</p> <p>► File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>		

► **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: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value.....	2a	57,759,929	
b Actuarial value.....	2b	58,398,323	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	364	18,216,684	18,216,684
b For terminated vested participants.....	528	10,160,930	10,160,930
c For active participants.....	776	18,924,920	19,127,854
d Total.....	1,668	47,302,534	47,505,468
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.97%	
6 Target normal cost.....	6	718,000	

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	<u>Jason M. Bravo</u> Signature of actuary	<u>03/17/2017</u> Date
<u>JASON M. BRAVO</u> Type or print name of actuary		<u>1405569</u> Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u> Firm name		<u>216-573-9700</u> Telephone number (including area code)
<u>5005 ROCKSIDE ROAD, SUITE 1000</u> <u>INDEPENDENCE OH 44131-6828</u> Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015
v. 150123

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 <u>3.04</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.20</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	122.92 %
15 Adjusted funding target attainment percentage	15	122.92 %
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	122.20 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ 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	718,000
b Excess assets, if applicable, but not greater than line 31a		31b	718,000
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	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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 Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	15.00%	1.0000	9.08
61.5	20.00%	0.8500	10.46
62.5	25.00%	0.6800	10.63
63.5	30.00%	0.5100	9.72
64.5	35.00%	0.3570	8.06
65.5	60.00%	0.2321	9.12
66.5	80.00%	0.0928	4.94
67	100.00%	0.0186	1.24
Weighted Average			63.25

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

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

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1st Segment Rate	4.72%	
2nd Segment Rate	6.11%	
3rd Segment Rate	6.81%	
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of March 2015), without regard to interest rate stabilization	
1st Segment Rate	1.25%	
2nd Segment Rate	4.08%	
3rd Segment Rate	5.15%	
Cash Balance Interest Crediting Rate	2015	2.50%
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	2017	3.50%
	2018+	4.00%
Optional Payment Form Election Percentage	Grandfathered: 66-2/3% 3-year certain and continuous annuity; 33-1/3% 100% joint & survivor	
	Non-grandfathered: 100% lump sum	
Optional Payment Form Conversion Interest Rate	8%	
Optional Payment Form Conversion Mortality	UP-1984 Mortality Table set back three years	
Retirement Age	See Table 1	
Active Participants	Age 65 grandfathered participants;	
Terminated Vested Participants	Age 63 non-grandfathered participants	
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Healthy and Disabled	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)	
Withdrawal Rates	See Table 2	
Disability Rates	See Table 3	

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

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Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two months, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Trust Expenses Included in Target Normal Cost	\$718,000, based on prior year expenses rounded to the nearest \$1,000
Actuarial Method	Standard unit credit cost method
Valuation Date	July 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Table 1

Retirement Rates

Age	Rate
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61	20.00%
62	25.00%
63	30.00%
64	35.00%
65	60.00%
66	80.00%
67+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Table 2

Withdrawal Rates—90% of 2003 SOA Termination Table

Age	Rate	Age	Rate
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22	20.025%	52	4.815%
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25	16.659%	55	2.628%
26	15.291%	56	2.025%
27	13.977%	57	1.854%
28	12.735%	58	1.908%
29	11.718%	59	2.043%
30	10.971%	60	1.980%
31	10.296%	61	2.097%
32	9.630%	62	2.304%
33	8.919%	63	2.250%
34	8.325%	64	2.358%
35	7.902%	65	2.538%
36	7.533%	66	2.646%
37	7.200%	67	2.565%
38	6.822%	68	2.646%
39	6.507%	69	3.150%
40	6.300%	70	3.627%
41	6.048%	71+	0.000%
42	5.886%		
43	5.787%		
44	5.697%		
45	5.589%		
46	5.490%		
47	5.382%		

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Table 3

Disability Rates—1985 Pension Disability Table, Class 2

Age	Male	Female	Age	Male	Female
15	0.044%	0.039%	45	0.505%	0.522%
16	0.047%	0.042%	46	0.556%	0.570%
17	0.051%	0.045%	47	0.616%	0.628%
18	0.055%	0.048%	48	0.682%	0.695%
19	0.059%	0.051%	49	0.751%	0.770%
20	0.064%	0.055%	50	0.830%	0.854%
21	0.069%	0.060%	51	0.922%	0.947%
22	0.074%	0.066%	52	1.033%	1.052%
23	0.080%	0.074%	53	1.170%	1.181%
24	0.086%	0.084%	54	1.330%	1.334%
25	0.093%	0.096%	55	1.502%	1.490%
26	0.100%	0.108%	56	1.674%	1.630%
27	0.108%	0.121%	57	1.836%	1.733%
28	0.116%	0.135%	58	1.984%	1.753%
29	0.125%	0.149%	59	2.125%	1.773%
30	0.134%	0.165%	60	2.266%	1.793%
31	0.145%	0.181%	61	2.409%	1.813%
32	0.157%	0.198%	62	2.558%	1.833%
33	0.170%	0.215%	63	2.712%	1.903%
34	0.184%	0.234%	64	2.868%	1.992%
35	0.199%	0.252%	65	3.028%	2.095%
36	0.216%	0.272%	66	3.199%	2.207%
37	0.237%	0.293%	67	3.382%	2.322%
38	0.260%	0.314%	68	3.577%	2.441%
39	0.285%	0.335%	69	3.781%	2.567%
40	0.314%	0.357%	70+	0.000%	0.000%
41	0.345%	0.383%			
42	0.381%	0.413%			
43	0.419%	0.447%			
44	0.460%	0.482%			

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Eligibility

Employees hired before July 1, 2003.

Accrued Benefit

For participants eligible for a grandfathered benefit, the greater of:

(a) 1% of final average pay times years of credited service, plus 0.62% of final average pay in excess of Social Security Covered Compensation times years of credited service up to 35

(b) Contribution account benefit

For participants not eligible for a grandfathered benefit, the sum of:

(a) Accrued benefit as of June 30, 1987, plus

(b) Contribution account benefit

The contribution account includes pay credits based on the following tables:

July 1, 1987 to July 1, 1989

Vesting Service	Below 50% Social Security Wage Base	Over 50% Social Security Wage Base
Less than 10	3.0%	6.0%
10 or greater	4.0%	8.0%

July 1, 1989 to July 1, 1999

Vesting Service	Percentage
Less than 10	4.0%
10 or greater	6.0%

July 1, 1999 to July 1, 2003

Vesting Service	Percentage
Less than 10	4.0%
6–9	4.5%
10 or greater	6.0%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

For non-grandfathered participants, benefit accruals were frozen effective July 1, 2003.

The contribution account accrues interest based on the lesser of:

- (a) Two-month average of rates on one-year Treasury securities for May and June preceding plan year, plus 1%
- (b) 30-year Treasury rate for June preceding plan year

Normal Retirement Benefit
Normal Retirement Date

Age 65.

Benefit

Accrued benefit.

Early Retirement Benefit

Eligibility

Age 55 and three years of vesting service.

Benefit

For participants eligible for a grandfathered benefit, the accrued benefit is reduced by 0.0055 for each of the first 60 months and 0.0027 for each of the next 60 months preceding Normal Retirement Age.

For participants not eligible for a grandfathered benefit, the actuarial equivalent of the contribution account.

Disability Benefit
Eligibility

Total and permanent disability.

Benefit

The accrued benefit is reduced by 1/15 for each of the first five years and 1/30 for each of the next five years preceding Normal Retirement Age, and actuarially reduced for each additional year.

Vested Termination Benefit
Eligibility

Three years of vesting service.

Benefit

Determined from the cash balance account developed under the accrued benefit formula as of the termination date. The benefit will not be less than the value of any grandfathered benefits, if applicable.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Preretirement Surviving Spouse Benefit
Eligibility

Three years if vesting service.

Benefit

If the participant dies before age 55, the greater of 100% of the benefit that would have been payable at age 55 or the account balance. If the participant dies on or after age 55, the greater of 100% of the benefit reduced for early retirement of the account balance.

Late Retirement
Eligibility

Retirement after age 65.

Benefit

Accrued benefit as of late retirement date.

Vesting Service

One year of vesting service is earned for each year that a participant works 1,000 hours.

Credited Service

One year of credited service is earned for each year that a participant works 1,800 hours, with a partial year of service for those who work 1,000 to 1,799 hours.

Form of Payment

Life annuity with payments guaranteed for 36 months for single participants. Actuarial equivalent 100% joint and survivor annuity for married participants. Participant may also elect several optional forms of payment, including a lump sum, single life annuity, 66-2/3% and 100% joint and survivor options; 120- and 180-month certain and continuous options; a full cash refund annuity, and a life annuity with an annual cost-of-living adjustment.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of July 1, 2015

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34	3	7	1							
35-39	2	34 \$3,652	6							
40-44	2	32 \$5,761	40 \$13,716	3						
45-49	6	36 \$5,669	55 \$21,659	34 \$29,102	7					
50-54	6	35 \$7,870	39 \$20,824	37 \$33,395	61 \$49,699					
55-59	3	41 \$4,864	36 \$25,217	30 \$39,394	50 \$54,445	32 \$66,894				
60-64		29 \$6,015	15	17	16	32 \$72,107	4			
65-69	1	8	1	2	3	7	3			
70+										

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Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	15.00%	1.0000	9.08
61.5	20.00%	0.8500	10.46
62.5	25.00%	0.6800	10.63
63.5	30.00%	0.5100	9.72
64.5	35.00%	0.3570	8.06
65.5	60.00%	0.2321	9.12
66.5	80.00%	0.0928	4.94
67	100.00%	0.0186	1.24
Weighted Average			63.25

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hamot Health Foundation Cash Account Pension Plan
EIN: 250965387 PN: 001

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Eligibility

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