

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <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: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>07/01/2019</u> and ending <u>06/30/2020</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>003</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>07/01/1987</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>003</u>	1c	Effective date of plan	<u>07/01/1987</u>			
1b	Three-digit plan number (PN) ▶	<u>003</u>								
1c	Effective date of plan	<u>07/01/1987</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</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>25-0965387</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>814-877-6000</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>622000</u></td> </tr> </table>	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>
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.	04/14/2021	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

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

Form 5500 (2019)
v. 190130

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2580
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2292 6a(2) 1828 6b 41 6c 233 6d 2102 6e 4 6f 2106 6g 1765 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: 2M 2L 2F 2H 2S 2T 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)** ☒ 5 **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)

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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020		
A Name of plan HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UPMC HAMOT	D Employer Identification Number (EIN) 25-0965387	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 60360-1		07/01/2019	06/30/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 135000	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid RBC CAPITAL MARKETS LLC 60 SOUTH 6TH STREET MINNEAPOLIS, MN 55402
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
135000			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 8725674**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 8973707**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 134409
(4) Transferred from separate account **7c(4)** 302042
(5) Other (specify below) **7c(5)** 1068▶ **TRANSFERRED FORFEITURES**(6) Total additions **7c(6)** 437519**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 9411226**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 635911
(2) Administration charge made by carrier **7e(2)** 49641
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 685552**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 8725674

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020	
A Name of plan HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 UPMC HAMOT	D Employer Identification Number (EIN) 25-0965387

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier BRIGHTHOUSE LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	839244		07/01/2019	06/30/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1653924**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 1832383**c** Additions: (1) Contributions deposited during the year **7c(1)** 175
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 59530
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 49630▶ **LOAN REPAYMENTS, NET TRANSFERS**(6) Total additions **7c(6)** 109335**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1941718**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 287794
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 287794**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1653924

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020	
A Name of plan HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 UPMC HAMOT	D Employer Identification Number (EIN) 25-0965387

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier BRIGHTHOUSE LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	839244		07/01/2019	06/30/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 4226781**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ VARIABLE CONTRACTS**b** Balance at the end of the previous year **7b** 4203262**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 307938
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 307938**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4511200**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 258086
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 26333(5) Total deductions **7e(5)** 284419**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4226781

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020	
A Name of plan HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 UPMC HAMOT	D Employer Identification Number (EIN) 25-0965387

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier VOYA RETIREMENT INSURANCE AND ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE0250		07/01/2019	06/30/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 3249	(b) Total amount of fees paid 0
---	---

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
--

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PURSHE KAPLAN STERLING INVESTMENTS 18 CORPORATE WOODS BOULEVARD ALBANY, NY 12211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3249			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1268463
5 Current value of plan's interest under this contract in separate accounts at year end	5	2030480

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	1313724
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	51280	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions.....	7c(6)	51280
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1365004
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	96369	
(2) Administration charge made by carrier	7e(2)	172	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions.....	7e(5)	96541
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1268463
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020		
A Name of plan HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 UPMC HAMOT	D Employer Identification Number (EIN) 25-0965387	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MUTUAL OF AMERICA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	004-607-C-10		07/01/2019	06/30/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	297153
5 Current value of plan's interest under this contract in separate accounts at year end	5	447823

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED ACCOUNT CONTRACT**

b Balance at the end of the previous year.....	7b	305912
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	8825	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions.....	7c(6)	8825
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d Total of balance and additions (add lines 7b and 7c(6))	7d	314737
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	17421	
(2) Administration charge made by carrier	7e(2)	163	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions.....	7e(5)	17584
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	297153
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning **07/01/2019** and ending **06/30/2020**

A Name of plan HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ►	003
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

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

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

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

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

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

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

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

ERNST & YOUNG LLP

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	40058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
49 50 52 60 62 63 64 67 68 72	NONE	9922	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

A Name of plan <u>HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE 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	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: <u>AM CENTURY VP CAPITAL APPRECIATION</u>			
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70069</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DWS CAPITAL GROWTH VIP</u>			
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66259</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY VIP CONTRAFUND PORTFOLIO</u>			
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>104742</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALL AMERICA FUND</u>			
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61264</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>120490</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP GROWTH FUND</u>			
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7199</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP VALUE FUND</u>			
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA LIFE INSURANCE CO.</u>			
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4251</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD VIF INTERNATIONAL PORTFOLI**

b Name of sponsor of entity listed in (a): **MUTUAL OF AMERICA LIFE INSURANCE CO.**

c EIN-PN 13-1614399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13549
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AM FUNDS EUROPACIFIC GROWTH R-4**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10006
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AM FUNDS GROWTH FUND AMERICA R-4**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12501
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BR HEALTH SCIENCES OPPORTUNITIES**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9379
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CALVERT VP SRI BALANCED PORTFOLIO**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2932
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY VIP CONTRAFUND PORTFOLIO**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 278200
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY VIP EQUITY-INCOME PORTFOLI**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4385
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY VIP GROWTH PORTFOLIO**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112924
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO DEVELOPING MARKETS FUND - C**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8583
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO V.I. CORE EQUITY FUND**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6658
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a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SERIES MID CAP STOCK		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5926
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO VIT REAL RETURN PORTFOLIO		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3719
a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED PORTFOLIO - CLASS I		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29151
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND PORTFOLIO - SERVICE		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29478
a Name of MTIA, CCT, PSA, or 103-12 IE: GOVERNMENT MONEY MARKET PORTFOLIO		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17755
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH AND INCOME PORTFOLIO-CLASS I		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 597009
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PORTFOLIO - SERVICE CLAS		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4888
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX PLUS LARGE CAP PORTFOLIO-CLASS		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13758
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE BOND PORTFOLIO - CLASS		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74844
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL HIGH DIVIDEND LOW VOL		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94775

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH PORTFOLIO - INSTIT		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267160
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE PORTFOLIO - INSTITU		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8448
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LARGE CAP GROWTH INDEX PORT		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44947
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LARGE CAP INDEX PORTFOLIO		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21713
a Name of MTIA, CCT, PSA, or 103-12 IE: CLARION GLOBAL REAL ESTATE PORTFOLI		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4508
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA CONTRARIAN CORE PORTFOLIO		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7725
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO EQUITY AND INCOME PORTFOLIO		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5847
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO OPPENHEIMER GLOBAL PORTFOLI		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89887
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP CAPITAL APPRECIATION PORTFOLIO		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7706
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP DIVERSIFIED MID CAP GROWTH PORT		
b Name of sponsor of entity listed in (a): VOYA FINANCIAL, INC.		
c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142302

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP GROWTH EQUITY PORTFOLIO - INITI**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95428
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WANGER USA**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10715
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WF SPECIAL SMALL CAP VALUE FUND**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7223
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VOYA GOVERNMENT MONEY MARKET PORTFO**

b Name of sponsor of entity listed in (a): **VOYA FINANCIAL, INC.**

c EIN-PN 52-1222820-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17755
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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)
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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)
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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
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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.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020		
A Name of plan HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN	B Three-digit plan number (PN) ►	003
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)	18728	33393
	(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)	133258	132561
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)	2186729	2303539
	(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)	108221	88224
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	57262728	52691749
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	16628988	16171995
	(15) Other.....	1c(15)	6826	8810

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	76345478 71430271
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	76345478 71430271

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.

		(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)	3468
	(F) Other	2b(1)(F)	111878
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	115346
(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)	3421876
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3421876
(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)		510936
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2967656
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1080502

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4730054	
(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)		4730054
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	50863	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		50863
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4780917

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3700415
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1214792

Part III Accountant's Opinion

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

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

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

b 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 & 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:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
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	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		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.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
UPMC 403(B) RETIREMENT SAVINGS PLAN	25-1423657	334
UPMC 401(A) RETIREMENT SAVINGS PLAN	25-1423657	335

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

A Name of plan <u>HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</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
---------------	----------------------

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>04-1590850</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	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- 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): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Hamot Health Foundation Employee
Tax Deferred Savings Plan
June 30, 2020 and 2019, and
Year Ended June 30, 2020
With Report of Independent Auditors

Ernst & Young LLP



Hamot Health Foundation Employee Tax Deferred Savings Plan

Financial Statements and Supplemental Schedule

June 30, 2020 and 2019, and Year Ended June 30, 2020

Contents

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Report of Independent Auditors

The Participants and Plan Administrator
Hamot Health Foundation Employee Tax Deferred Savings Plan

We were engaged to audit the accompanying financial statements of the Hamot Health Foundation Employee Tax Deferred Savings Plan, which comprise the statements of net assets available for benefits as of June 30, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended June 30, 2020, 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 conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matters described in the Basis for Disclaimer of Opinion paragraphs, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entities that certified the investment information meet the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of June 30, 2020 and 2019, and for the year ended June 30, 2020, stating that the investment information provided to the plan administrator is complete and accurate.

Additionally, the Hamot Health Foundation Employee Tax Deferred Savings Plan has not maintained sufficient accounting records and supporting documents relating to annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of June 30, 2020, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraphs, we do not express an opinion on the supplemental schedule referred to above.

Ernst + Young LLP

April 13, 2021

Hamot Health Foundation Employee Tax Deferred Savings Plan

Statements of Net Assets Available for Benefits

	June 30	
	2020	2019
Assets		
Investments at fair value	\$ 62,616,373	\$ 67,263,550
Fully benefit-responsive investment contract at contract value	8,725,674	8,973,707
Receivables:		
Notes receivable from participants	88,224	108,221
Total receivables	88,224	108,221
Net assets available for benefits	<u>\$ 71,430,271</u>	<u>\$ 76,345,478</u>

See accompanying notes.

Hamot Health Foundation Employee Tax Deferred Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended June 30, 2020

Additions to net assets attributed to:

Investment income:

Net depreciation in fair value of investments \$ (2,456,720)

Interest and dividends 3,533,754

Total investment income 1,077,034

Interest income on notes receivable from participants 3,468

Total additions 1,080,502

Deductions from net assets attributed to:

Benefits paid to participants 4,730,054

Administrative expenses 50,863

Total deductions 4,780,917

Net decrease in net assets available for benefits (3,700,415)

Transfers out to another qualified plan (1,214,792)

Net assets available for benefits:

Beginning of year 76,345,478

End of year \$ 71,430,271

See accompanying notes.

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements

June 30, 2020

1. Description of the Plan

The following description of the Hamot Health Foundation Employee Tax Deferred Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan under Section 403(b) of the Internal Revenue Code (IRC) covering all non-student employees of Hamot Health Foundation (the Company). The Plan is 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. Effective December 31, 2011, the Plan was amended to discontinue contributions, prohibit participants from taking loans against their accounts, and discontinue entrance of any new participants to the Plan. Participants continue to have access to their accounts, continue to receive earnings on their investments, and continue to earn vested service. Effective January 1, 2012, all participant and employer contributions are made to a separate UPMC-sponsored plan.

Contributions

Prior to December 31, 2011, each year, participants could contribute up to 100% of pretax annual compensation, as defined by the Plan, up to the maximum limits of the IRC. Participants who had attained age 50 before the end of the plan year were eligible to make catch-up contributions. Participants could also contribute amounts representing distributions from other qualified plans. Participants who had attained age 21 and completed one year of service, as defined by the Plan, were eligible to receive a discretionary nonelective company contribution based on years of service and eligible compensation.

Participants directed their contributions, and those made on their behalf, into various investment options offered by the Plan and can change their investment options on a daily basis.

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Participant Accounts

Effective after the plan freeze at December 31, 2011, each participant's account is credited with allocations of plan earnings and charged with an allocation of administrative expenses. Additionally, any forfeitures remaining after the Plan pays administrative expenses are allocated to participant accounts. Plan earnings are allocated based on the participant's share of net earnings or losses of his or her respective elected investment options. Allocations of administrative expenses are based on the participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants were immediately vested in any participant rollovers. Vesting in the discretionary nonelective company contribution portion of their accounts was based on years of credited service. Participants became 20% vested after two years of service, which increased by 20% per year of additional service until participants were fully vested after six years of service.

Transfers

The Plan permits participants to elect a plan-to-plan transfer to the UPMC 401(a) Retirement Savings Plan and/or the UPMC 403(b) Retirement & Savings Plan.

Notes Receivable From Participants

Prior to December 31, 2011, participants could borrow from their vested account balances. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1%. Principal and interest are paid ratably through biweekly payroll deductions. Loan terms range from one to five years or greater for the purchase of a primary residence. Notes receivable are stated at their unpaid principal balance plus accrued unpaid interest.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump-sum distribution or a joint and survivor annuity equal to the value of the participant's vested account.

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been 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 requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments (except for fully benefit-responsive investment contracts) 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 3 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 depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Notes Receivable From Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are recorded when they are incurred. No allowance for credit losses has been recorded as of June 30, 2020 or 2019. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Administration of Plan Assets

The Plan's assets are administered under contracts with Massachusetts Mutual Life Insurance Company (Mass Mutual), Reliance Trust Company, Brighthouse Life Insurance Company (Brighthouse), Voya Retirement Insurance and Annuity Company (Voya), and Mutual of America Life Insurance Company (Mutual of America), the custodians of the Plan. The custodians invest funds received from investment sales, interest, and dividend income and make distribution payments to participants. Certain administrative expenses of maintaining the Plan are paid by the Company.

New Accounting Pronouncements

In July 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-09, *Codification Improvements*, which, among other things, amends an illustrative example of a fair value hierarchy disclosure to indicate that a certain type of investment should not always be considered to be eligible to use the net asset value per share practical expedient. Also, it further clarifies that an entity should evaluate whether a readily determinable fair value exists or whether its investments qualify for net asset value per share practical expedient in accordance with Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. Adoption of the amended guidance, which is to be applied prospectively, affects the fair value disclosures, but does not change the fair value measurement of the investments. ASU 2018-09 is effective for fiscal years beginning after December 15, 2019. Early application is permitted. Management is currently evaluating the effect that the provision of ASU 2018-09 will have on the Plan's financial statements.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for annual reporting periods beginning after December 15, 2019, with early adoption permitted. Management is currently evaluating the effect that the provision of ASU 2018-13 will have on the Plan's financial statements.

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

3. 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 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.
- 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 of input that is significant to the fair value measure in its entirety.

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

Following is a description of the valuation techniques and inputs used for each general type of investment measured at fair value.

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

Guaranteed annuity contracts are valued at fair value based on terms specified in the contracts. The contracts are credited with declared rates of interest and are subject to a minimum rate described in the contract (contracts held by the Plan have minimum rates of 3.5% and 4.0%). The credited rate is communicated to the Plan and credited daily. The contracts provide a surrender fee (ranging from 1% to 7%) for certain amounts withdrawn from any participant contributions to the Plan that were held less than a stated period of time as stated in the contract. At June 30, 2020 and 2019, the fair value of these contracts approximated contract value. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. Since the investment is not available for sale or transfer on any securities exchange, transactions in similar investment instruments are not observable. In determining the reasonableness of the fair value, the UPMC Hamot Retirement Committee evaluates a variety of factors, including review of the contract terms, the guaranteed rate of return, economic conditions, and industry and market developments.

Pooled separate accounts invest directly in designated mutual funds or, in some cases, collective investment trusts. The pooled separate account owns and holds the underlying mutual fund or collective trust shares which are valued daily at their net asset values. The Plan holds “units of participation” in the pooled separate account. The “accumulation unit value” (AUV) is the value of each unit in the pooled separate account and the pooled separate account is valued daily as the number of accumulation units held multiplied by the AUV. The AUV is determined daily based on the net asset value of the shares of the underlying fund. There are no unfunded commitments or redemption notice periods applicable to participants at June 30, 2020 or 2019.

Variable annuities are valued at fair value based on the net asset value or price per share as of the end of the year. Participants’ distributions will be charged a 5% surrender fee for amounts withdrawn from any participant contributions to the Plan that were held for less than six years in the Plan. There are no unfunded commitments or redemption notice periods applicable to participants at June 30, 2020 or 2019.

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of June 30, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 52,685,596	\$ –	\$ –	\$ 52,685,596
Money market funds	23,908	–	–	23,908
Guaranteed annuity contracts – non-fully benefit-responsive	–	–	3,219,540	3,219,540
	<u>\$ 52,709,504</u>	<u>\$ –</u>	<u>\$ 3,219,540</u>	<u>55,929,044</u>
Pooled separate accounts I:				
Growth funds				1,596,414
Index funds				34,218
Balanced funds				53,680
International funds				240,454
Fixed income funds				79,732
Real estate funds				8,227
				<u>2,012,725</u>
Pooled separate accounts II:				
Growth funds				248,269
International funds				13,549
Balanced funds				186,005
				<u>447,823</u>
Variable annuities:				
Growth funds				1,868,035
Balanced funds				685,077
International funds				645,058
Fixed income funds				206,760
Real estate funds				3,499
Index funds				818,352
				<u>4,226,781</u>
Total assets at fair value				<u>\$ 62,616,373</u>

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

	Assets at Fair Value as of June 30, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 57,256,645	\$ —	\$ —	\$ 57,256,645
Money market funds	13,036	—	—	13,036
Guaranteed annuity contracts – non-fully benefit-responsive	—	—	3,452,019	3,452,019
	<u>\$ 57,269,681</u>	<u>\$ —</u>	<u>\$ 3,452,019</u>	<u>60,721,700</u>
Pooled separate accounts I:				
Growth funds				1,501,423
Balanced funds				56,614
International funds				277,726
Fixed income funds				75,869
Real estate funds				8,705
Other funds				12,660
				<u>1,932,997</u>
Pooled separate accounts II:				
Growth funds				213,466
International funds				11,198
Balanced funds				180,927
				<u>405,591</u>
Variable annuities:				
Growth funds				1,824,754
Balanced funds				701,432
International funds				682,349
Fixed income funds				173,173
Real estate funds				4,064
Index funds				817,490
				<u>4,203,262</u>
Total assets at fair value				<u>\$ 67,263,550</u>

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table presents the Plan's Level 3 investments, the valuation techniques used to measure the fair value, and the significant unobservable inputs and the ranges of values for those inputs.

	Investment (by General Type)	Fair Value	Valuation Techniques	Significant Unobservable Inputs	Range
June 30, 2020	Guaranteed Annuity Contracts	\$ 3,219,540	Valued based on terms of the contract	Deposit credit rates	3.5%–4.0%
June 30, 2019	Guaranteed Annuity Contracts	\$ 3,452,019	Valued based on terms of the contract	Deposit credit rates	3.5%–4.0%

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended June 30, 2020:

	Guaranteed Annuity Contracts – Non-Fully Benefit- Responsive
Beginning balance	\$ 3,452,019
Realized gains	119,634
Purchases	49,805
Sales	(401,918)
Ending balance	<u>\$ 3,219,540</u>

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

4. Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held; fully benefit-responsive investment contract; and notes receivable from participants at June 30, 2020 and 2019; and net depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended June 30, 2020, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Mass Mutual, Reliance Trust Company, Brighthouse, Mutual of America, and Voya, the custodians of the Plan.

5. Fully Benefit-Responsive Investment Contract

The Plan holds a traditional fully benefit-responsive guaranteed investment contract with Mass Mutual which is reported at contract value. Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value of the fully benefit-responsive investment contract represents contributions plus earnings, less participant withdrawals, and administrative expenses.

Mass Mutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer and cannot be less than 1%. Such interest rate is reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

Certain events may limit the ability of the Plan to transact at contract value and may result in a deferral of the payment at contract value for up to 12 months. Such events include, but may not be limited to, a participant termination of employment due to the following: (1) removal of a group of participants from plan coverage as a result of temporary absence, change in position, or other occurrence qualifying as a temporary break in service under the Plan; (2) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

5. Fully Benefit-Responsive Investment Contract (continued)

control with the employer; (3) cessation of an employment relationship resulting from a reorganization, merger, layoff, or the sale or discontinuance of all or any part of the plan sponsor's business; (4) removal from the Plan of one or more groups or classifications of participants; (5) partial or complete plan termination; or (6) plan disqualification. The plan administrator does not believe that the occurrence of any such event which would limit the Plan's ability to transact at contract value with the issuer or with participants is probable.

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

Certain plan investments are managed by the custodians, and therefore, these transactions qualify as party-in-interest transactions. Additionally, the Plan holds notes receivable from participants, which are secured by the participants' account balances. These transactions qualify as party-in-interest transactions; however, they are exempt from prohibited transaction rules under ERISA. 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.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants' rights to their accrued benefits are nonforfeitable and the benefit will be paid to the participants in accordance with the terms of the plan document. The plan amendment described in Note 1 does not constitute a termination of the Plan.

8. Tax Status

The underlying volume submitter specimen plan has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, stating that the written form of the underlying specimen plan is qualified under Section 403(b) of the Internal Revenue Code (the Code). Any employer adopting this form of the plan will be considered to have a plan qualified under Section 403(b) of the Code and, therefore, the related custodial accounts and tax-deferred annuities are tax-exempt. 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 is qualified and the related custodial accounts and tax-deferred annuities are tax-exempt.

Hamot Health Foundation Employee Tax Deferred Savings Plan

Notes to Financial Statements (continued)

8. Tax Status (continued)

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

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

10. Subsequent Events

Subsequent to June 30, 2020, the Plan adopted provisions under the Coronavirus Aid, Relief, and Economic Security Act allowing penalty free withdrawals and deferral of required minimum distributions. The Plan has not been formally amended.

Management evaluated subsequent events for the Plan through April 13, 2021, the date the accompanying financial statements were available to be issued.

Supplemental Schedule

Hamot Health Foundation Employee Tax Deferred Savings Plan

EIN 25-0965387; Plan #003

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

June 30, 2020

Identity of Issue	Description	Cost	Current Value
Mutual Fund	Manning & Napier Pro-Blend Conservative Term Series Fund	N/R	\$ 15,245,070
* Guaranteed Annuity Contract	Mass Mutual Capital Preservation Fund	N/R	8,725,674
Mutual Fund	Northern Trust Select Indexed Equity Fund	N/R	7,547,615
Mutual Fund	American Funds Capital Income Builder Fund	N/R	5,295,100
Mutual Fund	Invesco Select Companies Fund	N/R	5,291,740
Mutual Fund	J.P. Morgan Mid Cap Value Fund	N/R	3,994,590
Mutual Fund	American Funds EuroPacific Growth Fund	N/R	3,515,488
Mutual Fund	Sel MetWest Total Return Bond Fund	N/R	2,196,902
Mutual Fund	Select Growth Opps	N/R	1,306,810
* Guaranteed Investment Contract	Voya Fixed Account	N/R	1,252,114
Mutual Fund	American Funds Capital World Growth and Income Fund	N/R	1,161,019
Mutual Fund	Northern International Equity Index Fund	N/R	1,153,693
Mutual Fund	Barings Premier High Yield Fund	N/R	1,143,586
Mutual Fund	American Century Real Estate Fund	N/R	1,129,039
Mutual Fund	American Century Strategic Allocation: Aggressive Fund	N/R	1,071,297
Mutual Fund	Northern Bond Index Fund	N/R	859,985
* Guaranteed Investment Contract	Met Life T-Flex I	N/R	804,489
Variable Annuity	ClearBridge AggGrw Prt	N/R	731,226
* Variable Annuity	MetLife Stock Index Port	N/R	702,247
Mutual Fund	American Century Strategic Allocation: Moderate Fund	N/R	701,346
* Variable Annuity	BH/Wellington Balanced	N/R	644,649
* Guaranteed Annuity Contract	Fixed Rider (MetLife Universal Annuity)	N/R	638,492
* Separate Pooled Account	Voya Growth and Income Portfolio – Class I	N/R	597,009
Mutual Fund	Wellington Select Fundamental Value Fund	N/R	545,256
Variable Annuity	Oppenheimer Global Equity	N/R	520,743
Mutual Fund	Frontier Select Mid Cap Growth Equity II Fund	N/R	505,768
Variable Annuity	Jennison Growth Portfolio	N/R	395,061
Pooled Separate Account	Fidelity VIP Contrafund Portfolio – Initial Class	N/R	382,942
* Guaranteed Annuity Contract	Mutual of America Interest Accumulation Account	N/R	297,153
* Separate Pooled Account	Voya Large Cap Growth Portfolio Inst	N/R	267,160
* Guaranteed Investment Contract	Met Life T-Flex	N/R	210,943
Variable Annuity	Fidelity VIP Eqty Income	N/R	199,431
Variable Annuity	Fid VIP Mid Cap Port SC 2	N/R	161,888
* Separate Pooled Account	Voya T. Rowe Price Diversified Mid Cap Growth Port – Initial	N/R	142,302
* Pooled Separate Account	Mutual of America Equity Index Fund	N/R	120,490
Separate Pooled Account	Fidelity VIP Growth Portfolio I – Initial Class	N/R	112,924
Variable Annuity	Loomis Sayles Global Mkts	N/R	107,430
Variable Annuity	T. Rowe Price Small CapGr	N/R	97,502
* Separate Pooled Account	Voya T. Rowe Price Growth Equity Portfolio – Initial Class	N/R	95,428
* Separate Pooled Account	Voya Int Hi Div Low Vol Portfolio – Initial Class	N/R	94,775

Hamot Health Foundation Employee Tax Deferred Savings Plan

EIN 25-0965387; Plan #003

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

June 30, 2020

Identity of Issue		Description	Cost	Current Value
*	Separate Pooled Account	Voya Oppenheimer Global Portfolio I – Initial Class	N/R	\$ 89,887
*	Separate Pooled Account	Voya Intermediate Bond Portfolio – Class I	N/R	74,844
	Pooled Separate Account	American Century VP Capital Appreciation Fund	N/R	70,069
	Pooled Separate Account	DWS Variable Series I Capital Growth VIP	N/R	66,259
	Variable Annuity	BlackRock High Yield	N/R	63,690
	Variable Annuity	PIMCO Total Return Port	N/R	63,670
*	Pooled Separate Account	Mutual of America All American Fund	N/R	61,264
	Variable Annuity	CB Var Sm Cap Gr Prt	N/R	53,641
*	Variable Annuity	Met Aggregate Bond Index	N/R	53,263
	Variable Annuity	1919 Var Soc Resp Bal LggMsn Inv Cns	N/R	47,253
*	Separate Pooled Account	Voya Russel LCp Gr Ind Prt I	N/R	44,947
	Variable Annuity	Neuberger Berman Genesis	N/R	43,717
	Variable Annuity	MFS Total Return Por-CI F	N/R	40,344
	Variable Annuity	Russell 2000(R) Index	N/R	37,830
	Variable Annuity	ClearBridge Var AggGrw Prt	N/R	34,894
*	Variable Annuity	MetLife Mid Cap St Ind	N/R	29,733
*	Separate Pooled Account	Voya Global Bond Portfolio I – Service Class	N/R	29,478
*	Separate Pooled Account	Voya Balanced Portfolio – Class I	N/R	29,151
*	Variable Annuity	BH/Wellington Core Equity Opp	N/R	29,104
*	Variable Annuity	Brighthouse Small Cap Value Port	N/R	26,536
	Variable Annuity	West As Mgt Strat Bnd Opp	N/R	26,043
	Variable Annuity	BlackRock Capital App	N/R	25,499
	Variable Annuity	Fidelity High Inc Port IC	N/R	22,036
*	Separate Pooled Account	Voya Russel LgCp Indx Prt I	N/R	21,713
	Variable Annuity	CB Var Lg Cap Val Prt	N/R	19,307
*	Money Market Fund	Voya Govt Money Market Portfolio – Class I	N/R	17,755
*	Guaranteed Investment Contract	Voya Fixed Plus Account	N/R	16,349
	Variable Annuity	Invesco Sm Cap Growth	N/R	16,102
	Variable Annuity	Templeton Developing Mkts	N/R	14,808
*	Separate Pooled Account	Voya Index Plus LargeCap Portfolio – Class I	N/R	13,758
	Pooled Separate Account	Vanguard VIF International Portfolio	N/R	13,549
	Separate Pooled Account	American Funds The Growth Fund of America® – Class R-4	N/R	12,501
	Mutual Fund	American Century Strategic Allocation: Conservative Fund	N/R	12,416
	Variable Annuity	TRowe Price Lrg Cap Val	N/R	11,425
	Separate Pooled Account	Wanger USA	N/R	10,715
	Separate Pooled Account	American Funds EuroPacific Growth Fund® – Class R-4	N/R	10,006
	Separate Pooled Account	BlackRock Hlth Sci Opport Port Inv A	N/R	9,379
*	Mutual Fund	Mass Mutual Rsl 2000 SmCp Idx Fd	N/R	8,876
	Separate Pooled Account	Oppenheimer Developing Markets Fund – Class A	N/R	8,583
*	Separate Pooled Account	Voya Large Cap Value Portfolio Inst	N/R	8,448

Hamot Health Foundation Employee Tax Deferred Savings Plan

EIN 25-0965387; Plan #003

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

June 30, 2020

Identity of Issue		Description	Cost	Current Value
*	Separate Pooled Account	Voya Columbia Contrarian Core Pt Srv	N/R	\$ 7,725
*	Separate Pooled Account	Voya T. Rowe Price Capital Appreciation Portfolio – Service	N/R	7,706
	Separate Pooled Account	Wells Fargo Special Small Cap Value Fund – Class A	N/R	7,223
*	Pooled Separate Account	Mutual of America Small Cap Growth Fund	N/R	7,199
	Separate Pooled Account	Invesco VI Core Equity Fund SI	N/R	6,658
	Money Market Fund	Barings Premier Money Market Fund	N/R	6,153
	Separate Pooled Account	Lord Abbett Series Fund – Mid-Cap Stock Port – CI VC Shares	N/R	5,926
*	Separate Pooled Account	Voya Invesco Eqty & Inc Port I	N/R	5,847
*	Separate Pooled Account	Voya High Yield Port Ins	N/R	4,888
*	Separate Pooled Account	Voya Clarion Global Real Estate Portfolio – Institutional	N/R	4,508
	Separate Pooled Account	Fidelity VIP Equity-Income Portfolio – Initial Class	N/R	4,385
*	Pooled Separate Account	Mutual of America Small Cap Value Fund	N/R	4,251
	Separate Pooled Account	PIMCO VIT Real Return Port Adm	N/R	3,719
	Variable Annuity	Clarion Gbl Real Estate	N/R	3,499
	Separate Pooled Account	Calvert VP SRI Balanced Port	N/R	2,932
*	Variable Annuity	MetLife MSCI EAFE(R) Index	N/R	2,077
	Variable Annuity	Franklin SmCapVal VIP	N/R	1,423
	Variable Annuity	Frontier Mid Cap Grw Port	N/R	492
	Variable Annuity	West As Mgt U.S. Govt Por	N/R	94
	Variable Annuity	T Rowe Price Lg Cap Val	N/R	84
	Variable Annuity	Fidelity ContraFund – SC2	N/R	40
*	Participant loans	Interest rates: 4.25%		88,224
				<u>\$ 71,430,271</u>

* A party in interest as defined by ERISA.

N/R – Participant-directed investments, cost not required to be reported.

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See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)