Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1987

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)
UPMC HAMOT

201 STATE STREET
ERIE, PA 16550

2b Employer Identification Number (EIN) 25-0965387

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

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/31/2026	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

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1181
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	714
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	649
b	Retired or separated participants receiving benefits	**6b**	38
c	Other retired or separated participants entitled to future benefits	**6c**	445
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1132
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	18
f	Total. Add lines **6d** and **6e**.	**6f**	1150
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	1181
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	1092
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2H 2L 2M 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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
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	92	07/01/2024	06/30/2025

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

PURSHE KAPLAN STERLING INVESTMENTS
80 STATE STREET
ALBANY, NY 12207

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			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	972982
5	Current value of plan's interest under this contract in separate accounts at year end	5	2922610

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	995520
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	39326		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	39326
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1034846
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	61864		
	(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)	61864
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	972982

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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
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	762362-01	450	07/01/2024	06/30/2025

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
14102	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

MICHAEL KEIM
300 STATE STREET, SUITE 101
ERIE, PA 16507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
4710			3

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

GEORGE DUSCKAS
300 STATE STREET, SUITE 101
ERIE, PA 16507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
4696			3

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

CHARLES CARYL

300 STATE STREET, SUITE 101
ERIE, PA 16507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4696			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	

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	5892496
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	6721014
c	Additions: (1) Contributions deposited during the year	7c(1)	62		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	142808		
	(4) Transferred from separate account	7c(4)	141365		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	284235
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	7005249
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	899010		
	(2) Administration charge made by carrier	7e(2)	16429		
	(3) Transferred to separate account	7e(3)	197314		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	1112753
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	5892496

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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	72	07/01/2024	06/30/2025

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	1144418
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶

b	Balance at the end of the previous year			7b	1325078
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	44500		
	(4) Transferred from separate account	7c(4)	179908		
	(5) Other (specify below)	7c(5)	125		
	▶ MISC ADJUSTMENT				
	(6)Total additions			7c(6)	224533
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1549611
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	405193		
	(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)	405193
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1144418

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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	72	07/01/2024	06/30/2025

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	2631675
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶

b	Balance at the end of the previous year			7b	4446668
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	444379		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2326		
	▶ LOAN REPAYMENTS				
	(6)Total additions			7c(6)	446705
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4893373
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2090983		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	170715		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	2261698
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2631675

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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
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	13	07/01/2024	06/30/2025

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	243266
5	Current value of plan's interest under this contract in separate accounts at year end	5	468398

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 ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	246320
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	7184		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	7184
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	253504
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10190		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ FEES	7e(4)	48		
	(5) Total deductions			7e(5)	10238
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	243266

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

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

MUTUAL OF AMERICA INSURANCE COMPANY

13-1614399

(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)

RBC CAPITAL MARKETS, LLC

60 S. 6TH STREET
MINNEAPOLIS, MN 55402

(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?
55	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	120899	Yes [ ] No [X]

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

SCHNEIDER DOWNS & CO., INC.

25-1408703

(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	NONE	14394	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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
RBC CAPITAL MARKETS, LLC	55	120899

(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.
RBC CAPITAL MARKETS, LLC 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80110	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
HAMOT HEALTH FOUNDATION EMPLOYEE TAX-DEFERRED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
25-0965387

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AM CENTURY VP CAPITAL APPRECIATION

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

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)
13-1614399-000	P	116490

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

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

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)
13-1614399-000	P	29245

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

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

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)
13-1614399-000	P	155005

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH FUND

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

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)
13-1614399-000	P	3971

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

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

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)
13-1614399-000	P	2859

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

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

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)
13-1614399-000	P	15000

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRAFUND PORTFOLIO

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

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)
13-1614399-000	P	145828

a Name of MTIA, CCT, PSA, or 103-12 IE:	AM FUNDS GROWTH FUND OF AMER. 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)	24290
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK HEALTH SCIENCE OPPORT.		
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)	0
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)	4489
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY EQUITY INC. PORTFOLIO 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)	6408
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)	317460
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO DEVELOPING MARKETS 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)	8731
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)	12682
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)	10254
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)	3816
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)	43031

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND 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)	16856
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)	1047492
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PORTFOLIO-SERVICE 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)	5952
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX PLUS LARGE CAP 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)	27191
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE BOND 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)	53491
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)	124908
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH PORTFOLIO-INST			
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)	348389
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE PORTFOLIO-INST			
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)	17164
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)	15571
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)	9477

a Name of MTIA, CCT, PSA, or 103-12 IE: VY INV. GLOBAL PORTFOLIO-INST. CL			
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)	61755
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP CAPITAL APPRECIATION			
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)	12576
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP DIVERSIFIED MID CAP GROWTH			
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)	123909
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP GROWTH EQUITY 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)	182584
a Name of MTIA, CCT, PSA, or 103-12 IE: WAGNER ACORN			
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)	0
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)	11374
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA MID CAP OPPORT 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)	5868
a Name of MTIA, CCT, PSA, or 103-12 IE: AM FUNDS EUROPACIFIC GROWTH G-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)	13679
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GOVT MONEY MARKET PORT 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)	7426
a Name of MTIA, CCT, PSA, or 103-12 IE: VY CBRE GLOBAL ELEST PORT. INS.			
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)	5897

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INV R4

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) 21052

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA VARIABLE PORT ACN

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) 13108

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCI OPPORTUNITY PR

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) 11330

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) 354400

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	53582	55823
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)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	54815261	53855146
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13734600	10884837
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	68603443	64795806
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	68603443	64795806

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	142538	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		142538
(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)	4820635	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4820635
(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)		432372
(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)		958138
c Other income	2c		482197
d Total income. Add all **income** amounts in column (b) and enter total	2d		6835880
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7867326	
(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)		7867326
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16444	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	230	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		16674
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7884000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1048120
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2759517

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)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: SCHNEIDER DOWNS & CO., INC. **(2)** EIN: 25-1408703

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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 [X] 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 401(B) RETIREMENT SAVINGS PLAN	25-1423657	334

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

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

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

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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 Distributions

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

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

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

EIN(s): 04-1590850 06-0566090

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** 84

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 04 / 07 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number J500761A .

HAMOT HEALTH FOUNDATION
EMPLOYEE TAX DEFERRED SAVINGS PLAN
Erie, Pennsylvania

Financial Statements
and
Supplementary Information
As of June 30, 2025 and 2024
And for the year ended June 30, 2025

and Independent Auditor's Report Thereon

SCHNEIDER DOWNS
Big Thinking. Personal Focus.
www.schneiderdowns.com

C O N T E N T S

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INDEPENDENT AUDITOR'S REPORT

The Retirement Committee, Plan Participants and the Plan Administrator
Hamot Health Foundation Employee Tax Deferred Savings Plan
Erie, Pennsylvania

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to perform audits of the financial statements of the Hamot Health Foundation Employee Tax Deferred Savings Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024 and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of the Plan referred to in the first paragraph. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain 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 might have been affected by these conditions.

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An Association of Independent Accounting Firms

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FAX 614.621.4062

1660 International Drive
Suite 600
McLean, VA 21102
TEL 571.380.9003

Further, as described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits as of June 30, 2025 and 2024 certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The interest and dividends, net appreciation and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits as of June 30, 2025. The amount of these excluded annuity contracts and custodial accounts and the related investment activity and distributions are not determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require that these accounts and the related investment activity and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2025 is presented for the purpose 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not, express an opinion on the supplemental schedule referred to above.

Pittsburgh, Pennsylvania
March 30, 2026

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30	
	2025	2024
ASSETS		
Investments at fair value	$ 58,903,310	$ 61,882,429
Fully benefit-responsive investment contracts at contract value	5,892,496	6,721,014
Net Assets Available for Benefits	$ 64,795,806	$ 68,603,443

See notes to financial statements.

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Net appreciation in fair value of investments	$	1,872,707
Interest and dividends		4,963,173
Total Additions		6,835,880
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		7,867,326
Administrative expenses		16,674
Total Deductions		7,884,000
Net Decrease Before Net Assets Transferred Out		(1,048,120)
NET ASSETS TRANSFERRED OUT		(2,759,517)
Net Decrease in Net Assets Available For Benefits		(3,807,637)
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of year		68,603,443
End of year	$	64,795,806

See notes to financial statements.

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Hamot Health Foundation Employee Tax Deferred Savings Plan (Plan) provides only general information. Participants should refer to the Plan document for a 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 (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 and continue to receive earnings on their investments. Effective January 1, 2012, all participant and employer contributions are made to a separate UPMC-sponsored plan.

Prior to December 31, 2011, each participant was able to direct his or her contributions and those made on his or her behalf, into various investment options offered by the Plan. Participants can change their investment options on a daily basis.

Participant Accounts - Each participant's account is credited with allocations of Plan earnings and charged with an allocation of administrative expenses. 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 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. Since the freeze, all participants have become 100% vested, as disclosed above.

Net Assets Transferred Out - 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. Net assets transferred to those plans were $2,759,517 in 2025.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

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.

Forfeiture - Participants who leave the Company and incur a break in service forfeit the nonvested portion of their accounts. Such forfeitures are used to offset Plan expenses. There were $81,818 and $99,347, respectively, in forfeitures available at June 30, 2025 and 2024, respectively, and the Plan used $3,300 of forfeitures to reduce administrative expenses during the year ended June 30, 2025.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Annual Reporting Requirements - Prior to January 1, 2009, the custodians maintained records at a contract level, not a plan level, and administratively decided not to provide accounting records and supporting documentation at the participant or plan level relating to certain annuity and custodial accounts issued to current and former employees. As such, neither the Company nor the custodians have been able to produce sufficient records and supporting documents relating to certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009. As a result, the completeness and accuracy of the annuity and custodial accounts, relating to investment activity, and distributions from these accounts, if any, could not be determined.

Use of Estimates - The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments held by the Plan (except for fully benefit-responsive investment contracts) are stated at fair value. 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 (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements and Note 5 for a discussion of fully benefit-responsive investment contracts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Payments of Benefits - Benefits are recorded when paid.

Administrative Expenses - The Plan's assets are administered under contracts with Empower Trust Company, LLC and Empower Annuity Insurance Company of America (collectively, Empower), 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. All administrative expenses of maintaining the Plan are paid by the Company.

Subsequent Events - Subsequent events are defined as events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are issued or available to be issued. Management has evaluated subsequent events through March 30, 2026, the date that the financial statements were issued, and determined that there have been no events that have occurred that would require adjustments to disclosures in the financial statements.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN CUSTODIANS (UNAUDITED)

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(c) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower, Brighthouse, Voya and Mutual of America as of and for the year ended June 30, 2025 and as of June 30, 2024, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of June 30, 2025, and 2024.

- Investment activity shown in the statement of changes in net assets available for benefits for the year ended June 30, 2025.

- Investment information included in the schedule of assets (held at end of year) as of June 30, 2025, as shown on the ERISA-required supplemental schedule.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN CUSTODIANS (UNAUDITED) (Continued)

At the request of the Plan administrator, the Plan's independent auditor did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

NOTE 4 - FAIR VALUE MEASUREMENT

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value 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); and
  - 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 asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at June 30, 2025 and 2024.

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

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

Money Market and Mutual Funds - Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

Guaranteed Annuity Contracts, non-fully benefit-responsive - 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 ranging from 3.0% to 4.0%). The credited rate is communicated to the Plan and credited daily. The contracts provide a surrender fee (ranging from 0% 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, 2025 and 2024, 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 - Invested 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 NAV. 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, 2025 or 2024.

Variable Annuities - Valued at fair value based on the NAV or price per share as of the end of the year. Participants’ distributions are 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, 2025 or 2024.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Further, 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.

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

The following tables set forth by level, with the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

	2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 50,464,138	-	-	$ 50,464,138
Money market funds	55,823	-	-	55,823
Guaranteed annuity contracts non-fully benefit-responsive	-	-	$ 2,360,666	2,360,666
Total assets at fair value	$ 50,565,451	-	$ 2,360,666	52,880,627
Pooled separate accounts (a)				3,391,008
Variable annuities (a)				2,631,675
				$ 58,903,310

	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 51,753,168	-	-	$ 51,753,168
Money market funds	53,582	-	-	53,582
Guaranteed annuity contracts non-fully benefit-responsive	-	-	$ 2,566,918	2,566,918
Total assets at fair value	$ 51,806,750	-	$ 2,566,918	54,373,668
Pooled separate accounts (a)				3,062,093
Variable annuities (a)				4,446,668
				$ 61,882,429

(a) In accordance with ASC Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the accompanying statements of net assets available for benefits.

NOTE 4 - FAIR VALUE MEASUREMENT (Continued)

In accordance with ASU 2018-13, the Plan is required to disclose certain activities for Level 3 assets measured at fair value. During 2025 and 2024, there were $-0- and $319, respectively, in transfers to investment options measured at NAV.

The following tables present 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 as of June 30, 2025 and 2024:

Investment (by Class)	Fair Value	Valuation Technique	Significant Unobservable Inputs	Range	Weighted Average
June 30, 2025					
Guaranteed Annuity Contracts	$ 2,360,666	Fair value approximates contract value (discounted cash flow and exit value)	Risk-adjusted discount rate applied*	3.00% - 4.00%	4.00%
June 30, 2024					
Guaranteed Annuity Contracts	$ 2,566,918	Fair value approximates contract value (discounted cash flow and exit value)	Risk-adjusted discount rate applied*	3.00% - 4.00%	4.00%

*Unobservable inputs include discount rate applied.

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a traditional fully benefit-responsive guaranteed investment contract with Empower, 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.

Empower 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.

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (Continued)

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 its financial obligations, which 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 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 that would limit the Plan's ability to transact at contract value with the issuer or with participants is probable.

NOTE 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. One of the custodians, Brighthouse, is a spinoff of the Metropolitan Life Insurance Company (MetLife); therefore, transactions with MetLife qualify as party-in-interest. One of the custodians, Empower, was formerly known as Massachusetts Mutual Life Insurance Company (Mass Mutual); therefore transactions with Mass Mutual qualify as party-in-interest. 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.

NOTE 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.

NOTE 8 - TAX STATUS

The underlying volume submitter plan has received an opinion letter from the Internal Revenue Service (IRS) dated April 7, 2021, stating that the written form of the underlying plan is qualified under Section 403(b) of the IRC. Any employer adopting this form of the plan will be considered to have a plan qualified under Section 403(b) of the IRC; therefore, the related custodial accounts and tax-deferred annuities are tax-exempt. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The Plan has been amended subsequent to April 7, 2021. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related custodial accounts and tax deferred annuities are tax-exempt.

NOTE 8 - TAX STATUS (Continued)

U.S. GAAP requires 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. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2022.

NOTE 9 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY INFORMATION

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

EIN: 25-0965387
PLAN NUMBER: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Capital Preservation Account	Guaranteed Investment Contract	N/A	$ 5,892,496
	Total Guaranteed Investment Contract			5,892,496
*	Voya Fixed Account (4550)	Guaranteed Annuity Contract	N/A	957,301
*	Brighthouse Fixed Account 3.5%	Guaranteed Annuity Contract	N/A	655,177
*	Brighthouse 0.5% Enhanced Fixed Account 3.5%	Guaranteed Annuity Contract	N/A	489,241
*	Mutual of America Interest Accumulation Account	Guaranteed Annuity Contract	N/A	243,266
*	Voya Fixed Plus Account (4564)	Guaranteed Annuity Contract	N/A	15,681
	Total Annuity Contracts			2,360,666
*	MassMutual US Government Mny Mkt Fd	Money Market Fund	N/A	55,823
	Total Money Market Funds			55,823
	Manning & Napier Pro-Blend Cons. Term S	Mutual Fund	N/A	10,918,870
*	MM S&P 500(R) Index R5	Mutual Fund	N/A	9,202,398
	Invesco Main Street Small Cap A	Mutual Fund	N/A	5,667,948
	American Funds Capital Inc Bldr R4	Mutual Fund	N/A	5,400,890
	JP Morgan Mid Cap Value A	Mutual Fund	N/A	4,530,920
	American Funds Europacific Gr R4	Mutual Fund	N/A	3,477,935
	American Century Strat Allc: Mod Inv	Mutual Fund	N/A	1,537,899
*	Massmutual Total Return Bond Svc	Mutual Fund	N/A	1,385,259
	Northern International Equity Index	Mutual Fund	N/A	1,227,039
*	Empower Large Cap Growth Inv	Mutual Fund	N/A	1,184,436
	American Funds Capital World G/I R5	Mutual Fund	N/A	1,062,027
	American Century Strat Allc: Agrsv Inv	Mutual Fund	N/A	1,012,851
	Subtotal			46,608,472

*Party-in-interest

See independent auditor's report.

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

EIN: 25-0965387
PLAN NUMBER: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward			$ 46,608,472
*	MassMutual Diversified Value R5	Mutual Fund	N/A	944,105
*	Massmutual High Yield R5	Mutual Fund	N/A	939,145
	American Century Real Estate Inv	Mutual Fund	N/A	896,864
	Northern Bond Index	Mutual Fund	N/A	576,681
*	MassMutual Mid Cap Growth R5	Mutual Fund	N/A	435,766
*	Empower S&P Small Cap 600 Index Inst	Mutual Fund	N/A	48,039
	American Century Strat Allc Cnsrv Inv	Mutual Fund	N/A	15,066
	Total Mutual Funds			50,464,138
*	Voya Growth and Income Port I	Pooled Separate Account	N/A	1,047,492
	Fidelity VIP Contrafund Pt I	Pooled Separate Account	N/A	500,228
*	Voya Large Cap Growth Prt Ins	Pooled Separate Account	N/A	348,389
	Fidelity VIP Growth Port I	Pooled Separate Account	N/A	317,460
*	VY TRwPr Grw Eqty Pt I	Pooled Separate Account	N/A	182,584
*	Mutual of America Equity Index Fund	Pooled Separate Account	N/A	155,005
*	Voya IntlHiDivLow Vol Port–In	Pooled Separate Account	N/A	124,908
*	VY TRwPr Divr MdCp Gr Pt I	Pooled Separate Account	N/A	123,909
	American Century VP Capital Appreciation	Pooled Separate Account	N/A	116,490
*	VY Inv Glob Portf - Init Cl	Pooled Separate Account	N/A	61,755
*	Voya Intermediate Bond Prt I	Pooled Separate Account	N/A	53,491
*	Voya Balanced Portfolio I	Pooled Separate Account	N/A	43,031
*	Mutual of America All American Fund	Pooled Separate Account	N/A	29,245
*	Voya Index Plus LargeCap Prt I	Pooled Separate Account	N/A	27,191
	American Funds Growth Fnd R4	Pooled Separate Account	N/A	24,290
	American Funds Fdmntl Inv R4	Pooled Separate Account	N/A	21,052
	Subtotal			3,176,520

*Party-in-interest

See independent auditor's report.

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

EIN: 25-0965387
PLAN NUMBER: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward			$ 3,176,520
*	Voya Large Cap Value Port Ins	Pooled Separate Account	N/A	17,164
*	Voya Global Bond Port I	Pooled Separate Account	N/A	16,856
*	VY Col Contr Core Port Srv	Pooled Separate Account	N/A	15,571
	Vanguard VIF International Portfolio	Pooled Separate Account	N/A	15,000
	American Funds EuroPacific R4	Pooled Separate Account	N/A	13,679
	Columbia Variable Port Acn	Pooled Separate Account	N/A	13,108
	Invesco VI Core Eqty Fund SI	Pooled Separate Account	N/A	12,682
*	VY TRwPr Cap Apprec Port Srv	Pooled Separate Account	N/A	12,576
	Allspg Spec SmCp Vl Fd A	Pooled Separate Account	N/A	11,374
	BlkRck Hlth Sci Opport Prt IA	Pooled Separate Account	N/A	11,330
	Lord Abbett Srs Fd MC St Pt VC	Pooled Separate Account	N/A	10,254
*	VY Invesco Eqty & Inc Pt I	Pooled Separate Account	N/A	9,477
	Inv Dev Mrkts Fd A	Pooled Separate Account	N/A	8,731
*	Voya Govt Money Market Port I	Pooled Separate Account	N/A	7,426
	Fidelity VIP Eqty-Inc Prt I	Pooled Separate Account	N/A	6,408
*	Voya High Yield Port Ins	Pooled Separate Account	N/A	5,952
*	VY CBRE Glbl ElEst Prt Ins	Pooled Separate Account	N/A	5,897
*	Voya Mid Cap Opport Portfolio I	Pooled Separate Account	N/A	5,868
	Calvert VP SRI Balanced Port	Pooled Separate Account	N/A	4,489
*	Mutual of America Small Cap Growth Fund	Pooled Separate Account	N/A	3,971
	PIMCO VIT Real Return Port Adm	Pooled Separate Account	N/A	3,816
*	Mutual of America Small Cap Value Fund	Pooled Separate Account	N/A	2,859
	Total Pooled Separate Accounts			3,391,008
	Loomis Sayles Growth Portfolio	Variable Annuity	N/A	732,856
*	MetLife Stock Index Portfolio Class A	Variable Annuity	N/A	657,653
*	Brighthouse/Wellington Balanced Portfolio	Variable Annuity	N/A	352,917
	Invesco Global Equity Portfolio	Variable Annuity	N/A	264,071
	Subtotal			2,007,497

*Party-in-interest

See independent auditor's report.

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

EIN: 25-0965387
PLAN NUMBER: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward			$ 2,007,497
	Fidelity VIP Equity-Income Portfolio	Variable Annuity	N/A	115,322
	T. Rowe Price Small Cap Growth Portfolio	Variable Annuity	N/A	89,972
	Jennison Growth Portfolio	Variable Annuity	N/A	88,221
	Fidelity VIP Mid Cap Portfolio	Variable Annuity	N/A	60,908
*	MetLife Russell 2000 Index Portfolio	Variable Annuity	N/A	51,843
	BlackRock Capital Appreciation Portfolio	Variable Annuity	N/A	47,930
	Loomis Sayles Global Allocation Portfolio	Variable Annuity	N/A	45,525
	Neuberger Berman Genesis Portfolio	Variable Annuity	N/A	36,691
	ClearBridge Variable Large Cap Value Portfolio	Variable Annuity	N/A	23,511
	Invesco Small Cap Growth Portfolio Class A	Variable Annuity	N/A	18,506
	Fidelity VIP High Income Portfolio	Variable Annuity	N/A	14,374
*	Brighthouse Small Cap Value Portfolio	Variable Annuity	N/A	7,671
*	Brighthouse/Wellington Core Equity Opportunities Portfolio Class A	Variable Annuity	N/A	4,931
	BlackRock High Yield Portfolio Class A	Variable Annuity	N/A	4,655
*	MetLife MSCI Eafe Index Portfolio	Variable Annuity	N/A	3,511
	CBRE Global Real Estate Portfolio	Variable Annuity	N/A	1,997
	Franklin Small-Mid Cap Growth VIP Fund	Variable Annuity	N/A	1,895
	PIMCO Total Return Portfolio	Variable Annuity	N/A	1,608
	Fidelity VIP Contrafund Portfolio Class 2	Variable Annuity	N/A	1,361
	BlackRock Bond Income Portfolio	Variable Annuity	N/A	1,252
	T. Rowe Price Large Cap Value Portfolio Class B	Variable Annuity	N/A	1,129
	Subtotal			2,630,310

*Party-in-interest

See independent auditor's report.

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

EIN: 25-0965387
PLAN NUMBER: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward			$ 2,630,310
	Templeton Developing Markets VIP Fund	Variable Annuity	N/A	780
	ClearBridge Variable Aggressive Growth Portfolio	Variable Annuity	N/A	188
	Blackrock Ultra-Short Term Bond Portfolio	Variable Annuity	N/A	177
	T. Rowe Price Large Cap Value Portfolio Class E	Variable Annuity	N/A	150
	West Asset Management U.S. Government Portfolio	Variable Annuity	N/A	70
	Total Variable Annuities			2,631,675
	Total Investments			$ 64,795,806

*Party-in-interest

See independent auditor's report.

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

EIN: 25-0965387
PLAN NUMBER: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Capital Preservation Account	Guaranteed Investment Contract	N/A	$ 5,892,496
	Total Guaranteed Investment Contract			5,892,496
*	Voya Fixed Account (4550)	Guaranteed Annuity Contract	N/A	957,301
*	Brighthouse Fixed Account 3.5%	Guaranteed Annuity Contract	N/A	655,177
*	Brighthouse 0.5% Enhanced Fixed Account 3.5%	Guaranteed Annuity Contract	N/A	489,241
*	Mutual of America Interest Accumulation Account	Guaranteed Annuity Contract	N/A	243,266
*	Voya Fixed Plus Account (4564)	Guaranteed Annuity Contract	N/A	15,681
	Total Annuity Contracts			2,360,666
*	MassMutual US Government Mny Mkt Fd	Money Market Fund	N/A	55,823
	Total Money Market Funds			55,823
	Manning & Napier Pro-Blend Cons. Term S	Mutual Fund	N/A	10,918,870
*	MM S&P 500(R) Index R5	Mutual Fund	N/A	9,202,398
	Invesco Main Street Small Cap A	Mutual Fund	N/A	5,667,948
	American Funds Capital Inc Bldr R4	Mutual Fund	N/A	5,400,890
	JP Morgan Mid Cap Value A	Mutual Fund	N/A	4,530,920
	American Funds Europacific Gr R4	Mutual Fund	N/A	3,477,935
	American Century Strat Allc: Mod Inv	Mutual Fund	N/A	1,537,899
*	Massmutual Total Return Bond Svc	Mutual Fund	N/A	1,385,259
	Northern International Equity Index	Mutual Fund	N/A	1,227,039
*	Empower Large Cap Growth Inv	Mutual Fund	N/A	1,184,436
	American Funds Capital World G/I R5	Mutual Fund	N/A	1,062,027
	American Century Strat Allc: Agrsv Inv	Mutual Fund	N/A	1,012,851
	Subtotal			46,608,472

*Party-in-interest

See independent auditor's report.

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

EIN: 25-0965387
PLAN NUMBER: 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward			$ 46,608,472
*	MassMutual Diversified Value R5	Mutual Fund	N/A	944,105
*	Massmutual High Yield R5	Mutual Fund	N/A	939,145
	American Century Real Estate Inv	Mutual Fund	N/A	896,864
	Northern Bond Index	Mutual Fund	N/A	576,681
*	MassMutual Mid Cap Growth R5	Mutual Fund	N/A	435,766
*	Empower S&P Small Cap 600 Index Inst	Mutual Fund	N/A	48,039
	American Century Strat Allc Cnsrv Inv	Mutual Fund	N/A	15,066
	Total Mutual Funds			50,464,138
*	Voya Growth and Income Port I	Pooled Separate Account	N/A	1,047,492
	Fidelity VIP Contrafund Pt I	Pooled Separate Account	N/A	500,228
*	Voya Large Cap Growth Prt Ins	Pooled Separate Account	N/A	348,389
	Fidelity VIP Growth Port I	Pooled Separate Account	N/A	317,460
*	VY TRwPr Grw Eqty Pt I	Pooled Separate Account	N/A	182,584
*	Mutual of America Equity Index Fund	Pooled Separate Account	N/A	155,005
*	Voya IntlHiDivLow Vol Port–In	Pooled Separate Account	N/A	124,908
*	VY TRwPr Divr MdCp Gr Pt I	Pooled Separate Account	N/A	123,909
	American Century VP Capital Appreciation	Pooled Separate Account	N/A	116,490
*	VY Inv Glob Portf - Init Cl	Pooled Separate Account	N/A	61,755
*	Voya Intermediate Bond Prt I	Pooled Separate Account	N/A	53,491
*	Voya Balanced Portfolio I	Pooled Separate Account	N/A	43,031
*	Mutual of America All American Fund	Pooled Separate Account	N/A	29,245
*	Voya Index Plus LargeCap Prt I	Pooled Separate Account	N/A	27,191
	American Funds Growth Fnd R4	Pooled Separate Account	N/A	24,290
	American Funds Fdmntl Inv R4	Pooled Separate Account	N/A	21,052
	Subtotal			3,176,520

*Party-in-interest

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward			$ 3,176,520
*	Voya Large Cap Value Port Ins	Pooled Separate Account	N/A	17,164
*	Voya Global Bond Port I	Pooled Separate Account	N/A	16,856
*	VY Col Contr Core Port Srv	Pooled Separate Account	N/A	15,571
	Vanguard VIF International Portfolio	Pooled Separate Account	N/A	15,000
	American Funds EuroPacific R4	Pooled Separate Account	N/A	13,679
	Columbia Variable Port Acn	Pooled Separate Account	N/A	13,108
	Invesco VI Core Eqty Fund SI	Pooled Separate Account	N/A	12,682
*	VY TRwPr Cap Apprec Port Srv	Pooled Separate Account	N/A	12,576
	Allspg Spec SmCp Vl Fd A	Pooled Separate Account	N/A	11,374
	BlkRck Hlth Sci Opport Prt IA	Pooled Separate Account	N/A	11,330
	Lord Abbett Srs Fd MC St Pt VC	Pooled Separate Account	N/A	10,254
*	VY Invesco Eqty & Inc Pt I	Pooled Separate Account	N/A	9,477
	Inv Dev Mrkts Fd A	Pooled Separate Account	N/A	8,731
*	Voya Govt Money Market Port I	Pooled Separate Account	N/A	7,426
	Fidelity VIP Eqty-Inc Prt I	Pooled Separate Account	N/A	6,408
*	Voya High Yield Port Ins	Pooled Separate Account	N/A	5,952
*	VY CBRE Glbl ElEst Prt Ins	Pooled Separate Account	N/A	5,897
*	Voya Mid Cap Opport Portfolio I	Pooled Separate Account	N/A	5,868
	Calvert VP SRI Balanced Port	Pooled Separate Account	N/A	4,489
*	Mutual of America Small Cap Growth Fund	Pooled Separate Account	N/A	3,971
	PIMCO VIT Real Return Port Adm	Pooled Separate Account	N/A	3,816
*	Mutual of America Small Cap Value Fund	Pooled Separate Account	N/A	2,859
	Total Pooled Separate Accounts			3,391,008
	Loomis Sayles Growth Portfolio	Variable Annuity	N/A	732,856
*	MetLife Stock Index Portfolio Class A	Variable Annuity	N/A	657,653
*	Brighthouse/Wellington Balanced Portfolio	Variable Annuity	N/A	352,917
	Invesco Global Equity Portfolio	Variable Annuity	N/A	264,071
	Subtotal			2,007,497

*Party-in-interest

See independent auditor's report.

HAMOT HEALTH FOUNDATION EMPLOYEE TAX DEFERRED SAVINGS PLAN

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward			$ 2,007,497
	Fidelity VIP Equity-Income Portfolio	Variable Annuity	N/A	115,322
	T. Rowe Price Small Cap Growth Portfolio	Variable Annuity	N/A	89,972
	Jennison Growth Portfolio	Variable Annuity	N/A	88,221
	Fidelity VIP Mid Cap Portfolio	Variable Annuity	N/A	60,908
*	MetLife Russell 2000 Index Portfolio	Variable Annuity	N/A	51,843
	BlackRock Capital Appreciation Portfolio	Variable Annuity	N/A	47,930
	Loomis Sayles Global Allocation Portfolio	Variable Annuity	N/A	45,525
	Neuberger Berman Genesis Portfolio	Variable Annuity	N/A	36,691
	ClearBridge Variable Large Cap Value Portfolio	Variable Annuity	N/A	23,511
	Invesco Small Cap Growth Portfolio Class A	Variable Annuity	N/A	18,506
	Fidelity VIP High Income Portfolio	Variable Annuity	N/A	14,374
*	Brighthouse Small Cap Value Portfolio	Variable Annuity	N/A	7,671
*	Brighthouse/Wellington Core Equity Opportunities Portfolio Class A	Variable Annuity	N/A	4,931
	BlackRock High Yield Portfolio Class A	Variable Annuity	N/A	4,655
*	MetLife MSCI Eafe Index Portfolio	Variable Annuity	N/A	3,511
	CBRE Global Real Estate Portfolio	Variable Annuity	N/A	1,997
	Franklin Small-Mid Cap Growth VIP Fund	Variable Annuity	N/A	1,895
	PIMCO Total Return Portfolio	Variable Annuity	N/A	1,608
	Fidelity VIP Contrafund Portfolio Class 2	Variable Annuity	N/A	1,361
	BlackRock Bond Income Portfolio	Variable Annuity	N/A	1,252
	T. Rowe Price Large Cap Value Portfolio Class B	Variable Annuity	N/A	1,129
	Subtotal			2,630,310

*Party-in-interest

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward			$ 2,630,310
	Templeton Developing Markets VIP Fund	Variable Annuity	N/A	780
	ClearBridge Variable Aggressive Growth Portfolio	Variable Annuity	N/A	188
	Blackrock Ultra-Short Term Bond Portfolio	Variable Annuity	N/A	177
	T. Rowe Price Large Cap Value Portfolio Class E	Variable Annuity	N/A	150
	West Asset Management U.S. Government Portfolio	Variable Annuity	N/A	70
	Total Variable Annuities			2,631,675
	Total Investments			$ 64,795,806

*Party-in-interest

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