Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

DEPARTMENT 8121
MEDICAL CENTER DRIVE
MORGANTOWN, WV 26506

2b Employer Identification Number (EIN) 55-0643304

2c Sponsor's telephone number 304-598-4075

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.	10/12/2011	CHRISTY CHRISTOPHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

DEPARTMENT 8121
MEDICAL CENTER DRIVE
MORGANTOWN, WV 26506

3b Administrator's EIN
55-0643304

3c Administrator's telephone number
304-598-4075

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	5466
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	4815
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	480
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	5295
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f	Total. Add lines **6d** and **6e**	**6f**	5305
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	5510
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2L 2M

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

9a Plan funding arrangement (check all that apply)

(1)	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

b General Schedules

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

D Employer Identification Number (EIN)
55-0643304

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
VARIABLE ANNUITY 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
74-1625348	70238	62531	1000	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 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	5144228
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	4493432
c	Additions: (1) Contributions deposited during the year	7c(1)	515810		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	157325		
	(4) Transferred from separate account	7c(4)	262981		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	936116
d	Total of balance and additions (add **b** and **c(6)**)			7d	5429548
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	260501		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	16315		
	(4) Other (specify below) ▶	7e(4)	8504		
	(5) Total deductions			7e(5)	285320
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	5144228

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 organization(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)**	
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)**	
(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)**	
(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 **c(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, item 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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

D Employer Identification Number (EIN)
55-0643304

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
TIAA TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

(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
13-1624203	69345	102019	3634	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 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	56641579
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	53328199
c	Additions: (1) Contributions deposited during the year	7c(1)	2921332		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1915700		
	(4) Transferred from separate account	7c(4)	2668077		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	7505109
d	Total of balance and additions (add **b** and **c(6)**)			7d	60833308
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2060247		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	2072721		
	(4) Other (specify below)	7e(4)	58761		
	▶				
	(5) Total deductions			7e(5)	4191729
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	56641579

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 organization(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)**	
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)**	
(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)**	
(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 **c(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, item 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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

D Employer Identification Number (EIN)
55-0643304

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

TIAA-CREF INVESTMENT

13-1624203

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

TIAA-CREF MUTUAL FUNDS

13-3760073

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

JP MORGAN CHASE BANK

13-4994650

(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)

TIAA

13-1624203

(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?
15 17 26 27 28 37 38 52 62 64 66	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

VARIABLE ANNUITY LIFE INS CO

74-1625348

(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?
65 58 50 57 19 28 29 33 49 52 59 60 61 63 64 72	SERVICE PROVIDER	85122	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

(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?
99			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREAT WEST LIFE AND ANNUITY

84-0467907

(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?
64 65 37	SERVICE PROVIDER	24517	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 21	INVESTMENT MANAGEMENT	14824	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65	RECORDKEEPER	100	Yes [X] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

D Employer Identification Number (EIN)
55-0643304

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: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TEACHERS INSURANCE AND ANNUITY ASSOCIATE OF AMERICA

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)
13-1624203-004	P	4989796

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

D Employer Identification Number (EIN)
55-0643304

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	860751	735633
(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)	287736	455923
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3957341	4989796
(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)	112822123	137693999
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	57779040	61813550
(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	175706991	205688901
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	175706991	205688901

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)	4596569	
	(B) Participants	2a(1)(B)	12723204	
	(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)		17319773
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)	18146	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18146
	(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)	1915170	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1915170
	(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)		

		(a) Amount	(b) Total
2b (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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		568339
(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)		14781477
c Other income	2c		1777266
d Total income. Add all **income** amounts in column (b) and enter total	2d		36380171
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8014968	
(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)		8014968
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	127452	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		127452
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8142420
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		28237751
l Transfers of assets:			
(1) To this plan	2l(1)		1744159
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PARENTE BEARD LLC (2) EIN: 23-2932984

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		16850
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	
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		X	

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY HOSPITALS, INC.

D Employer Identification Number (EIN)
55-0643304

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**

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): 13-1624203 74-1625348

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan

Financial Statements and
Supplemental Schedules

December 31, 2010 and 2009

West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan

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December 31, 2010 and 2009

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ParenteBeard

Independent Auditors' Report

Participants and Plan Administrator
West Virginia University Hospitals, Inc.
403(b) Retirement Savings Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan (the "Plan") as of December 31, 2010 and 2009 and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental schedules of (1) Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions and (2) Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information disclosed in Note 9, which was certified by the Teachers Insurance and Annuity Association – College Retirement Equities Fund, the Variable Annuity Life Insurance Company, Great-West Life and Annuity Insurance Company, MetLife Associates LLC, Fidelity Management Trust Company, and T. Rowe Price Investment Services, Inc., the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodians is complete and accurate.

As described in Note 10, the Plan has excluded from investments in the accompanying statement of net assets available for benefits as of December 31, 2010 and 2009 certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistant Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans* (the "Custodial Accounts"). If the Custodial Accounts, as reported by the respective custodians, were included, net assets available for benefits would increase by approximately $2.5 million and $3.5 million as of December 31, 2010 and 2009, respectively. Further, distributions, net of investment income, of approximately $1.0 million related to the Custodial Accounts, as identified by the respective custodians, has also been excluded in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2010. Accounting principles generally accepted in the United States of America require that these Custodial Accounts and the related income and distributions be included in the accompanying financial statements.

Because of the significance of the information in the Plan's financial statements and supplemental schedules that we did not audit, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole.

Pittsburgh, Pennsylvania
October 10, 2011

West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan

Statement of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Investments, at fair value	$ 205,232,978	$ 175,419,255
Notes receivable from participants	455,923	287,736
Total assets	205,688,901	175,706,991
Liabilities	-	-
Net assets available for benefits, at fair value	205,688,901	175,706,991
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	(27,743)	42,591
Net assets available for benefits	$ 205,661,158	$ 175,749,582

See notes to financial statements

West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2010

Additions to Net Assets Attributed to	
Investment income:	
Net appreciation in fair value of investments	$ 17,056,748
Interest and dividends	1,915,170
Total investment income	18,971,918
Interest income on notes receivable from participants	18,146
Contributions:	
Participant	12,723,204
Employer	4,596,569
Total contributions	17,319,773
Total additions	36,309,837
Deductions from Net Assets Attributed to	
Benefits paid to participants	8,014,968
Administrative expenses	127,452
Total deductions	8,142,420
Net increase prior to plan transfers	28,167,417
Plan Transfers	1,744,159
Net increase in net assets available for benefits	29,911,576
Net Assets Available for Benefits	
Beginning of year	175,749,582
End of year	$ 205,661,158

See notes to financial statements

1. Description of the Plan

The following description of the West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all non-leased and non-common law employees of West Virginia University Hospitals, Inc. ('WVUH"), West Virginia University Hospitals–East ("East"), and United Hospital Center, Inc. ("UHC"), (collectively, the "Company"). Effective January 1, 2010, eligible employees of United Physicians Care, Inc. ("UPC") became eligible to participate in the Plan. As a result, net assets available for benefits of approximately $1.7 million were transferred into the Plan. There is no age requirement or minimum service requirement for participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan evaluated subsequent events for recognition or disclosure through October 10, 2011, the date the financial statements were available to be issued.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined by the Plan up to the maximum limits of the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participant contributions to the Plan are recorded in the period that payroll deductions are made from participants.

Participants that are employees of WVUH and have completed two years of credited service, as defined by the Plan, are eligible to receive nondiscretionary Company matching contributions equal to 100% of the first 5% of eligible compensation that non-bargaining participants contribute to the Plan and 100% of the first 6% of eligible compensation that bargaining participants contribute to the Plan. Participants that are employees of East, UHC, and UPC are not eligible to receive nondiscretionary Company matching contributions. Participants direct the investment of all contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's nondiscretionary matching contribution for participants that are employees of WVUH, and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or 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 are immediately vested in their voluntary contributions and the Company's nondiscretionary matching contributions attributable to participants that are employees of WVUH plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their fund accounts equal to a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 10.50% at December 31, 2010, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through bi-weekly payroll deductions. Loan terms range from one to five years or greater for the purchase of a primary residence. Notes receivable are stated at their unpaid principal balance plus accrued unpaid interest. Refer to Note 6 for a description of loans to plan participants not considered assets of the Plan.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum, partial, or annual installment payment amounts equal to the value of the participant's vested interest in their account. The amount, form, and timing of distributions available to a participant may also be limited by the investment options that comprise their vested account balance. In addition, the Plan allows for hardship distributions if certain criteria are met.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Guaranteed annuity contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan 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 statement of net assets available for benefits presents the fair value of the guaranteed annuity contracts as well as the adjustment of the fully benefit-responsive guaranteed annuity contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of Estimates

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

Risks and Uncertainties

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

Administration of Plan Assets

The Plan's assets are administered under contracts with the Teachers Insurance and Annuity Association – College Retirement Equities Fund ("TIAA-CREF"), the Variable Annuity Life Insurance Company ("VALIC"), Great-West Life and Annuity Insurance Company ("Great-West"), MetLife Associates LLC ("Met Life"), Fidelity Management Trust Company ("Fidelity"), and T. Rowe Price Investment Services, Inc. ("T. Rowe Price") (collectively, the "custodians"). The custodians invest funds received from contributions, investment sales, interest, and dividend income. The plan administrator makes distribution payments to participants. Certain administrative expenses of maintaining the Plan are paid by the Company.

New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2010-06 "Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements" ("ASU 2010-06"), which provides a greater level of disaggregated information and more robust disclosures about valuation techniques and inputs to fair value measurements, transfers in and out of Levels 1 and 2, and the separate presentation of information in Level 3 reconciliations on a gross basis rather than net. New disclosures and clarifications of existing disclosures are effective for interim and annual reporting periods beginning after December 15, 2009. Level 3 disclosures are effective for fiscal years beginning after December 15, 2010. Adoption of the effective provisions of ASU 2010-06 had no material impact on the Plan's financial statements but expanded disclosures about certain fair value measurements. Adoption of Level 3 disclosures is not expected to have a material impact on the Plan's financial statements.

In September 2010, the FASB issued Accounting Standards Update No. 2010-25 "Plan Accounting-Defined Contribution Pension Plans: Reporting Loans to Participants by Defined Contribution Pension Plans" ("ASU 2010-25"), which clarifies how loans to participants should be classified and measured by participant defined contribution pension plans. Loans are required to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. ASU 2010-25 is applied retrospectively to all prior periods presented effective for fiscal years ending after December 15, 2010. The Plan adopted ASU 2010-25 and has presented loans to participants in accordance with this guidance as of December 31, 2010 and 2009.

Reclassifications

Certain comparative amounts for the prior year have been reclassified to conform to current year presentation. Such reclassifications had no impact on net assets available for benefits.

3. Fair Value Measurements

The Plan measures on a recurring basis its investments at fair value in accordance with FASB codification "Fair Value Measurements and Disclosures," which provides the framework for measuring fair value. That framework provides fair value hierarchy used to classify the inputs used in measuring fair value. That hierarchy prioritizes the inputs used in determining valuations into three levels. The levels of fair value hierarchy are as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 – Inputs to the valuation methodology include significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 – Inputs to the valuation methodology are unobservable inputs and significant to the fair value measurement.

The asset or liability'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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

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

The TIAA Access variable annuity accounts are invested in proprietary and non-proprietary mutual funds through various sub-accounts. These custodial sub-accounts consist of underlying investments valued based on quoted market prices and have no unfunded commitments or significant redemption restrictions.

The CREF separate accounts are valued based on net asset value per unit of participation in the fund and have no unfunded commitments or significant redemption restrictions.

The money market fund's objective is for stable income consistent with maintaining liquidity and preserving capital. The fund is not insured by the Federal Deposit Insurance Corporation or any other government agency. The fund invests principally in commercial paper, U.S. government and government agency obligations, certificates of deposits, and medium-term bonds and notes.

The equity funds' objectives are for long-term rates of return from a diversified portfolio of common stock. The funds invest in domestic industries common stock linked to public indexes or provide for exceptional growth; comprised of technology, consumer products & services, manufacturing & materials, healthcare, financial, energy, utilities, and short-term investments.

The international equity fund's objective is for favorable long-term rates of return from a diversified portfolio of common stock. The fund invests in domestic and foreign industries; comprised of technology, consumer products & services, manufacturing & materials, healthcare, financial, energy, utilities, and short-term investments.

The fixed income funds' objectives are for long-term rates of return consistent with preserving capital. The funds invest in mortgage-backed securities, corporate bonds, U.S. treasury securities, foreign government & corporate bonds denominated in U.S. dollars, U.S. agency securities, commercial mortgage-backed securities, asset-backed securities and short-term investments.

The balanced fund's objective is for long-term rates of return and stable income through diversification. The fund invests in equities, long-term bonds and short-term investments.

The TIAA Real Estate fund's objective is for long-term returns through rental income and appreciation of real estate investments owned in the fund. The fund invests in real property and short-term high quality investments to maintain liquidity to guarantee redemption requests. The fund holds primarily real estate property investments (including interests in real estate-related joint ventures), as well as a mortgage loan receivable, real estate limited partnerships, U.S. treasury bills, and government agency notes.

The real properties consist of office, apartment, industrial, retail and storage facility classifications located in all major regions within the United States and internationally located in the United Kingdom and France. The values of the properties held in the fund are based on professional opinions and appraisals which incorporate valuation methodologies to determine fair value to include cash flows models, market models and other similar techniques. The short term investments are valued based on quoted prices on the active market for similar assets which the securities trade.

The real estate fund is valued based on net asset value per unit of participation in the fund and has no unfunded commitments or significant redemption restrictions.

The TIAA Traditional Annuity Account ("TIAA Account") is reported at contract value, which approximates fair value, based on TIAA-CREF's ability to pay the guaranteed claims in accordance with the terms of the contract. At December 31, 2010, TIAA-CREF's credit ratings were as follows: A++ by A.M. Best Company, AAA by Fitch Ratings, Aaa, by Moody's Investors Service, and AAA by Standard & Poor's – the highest possible ratings from these independent analysts. The high credit ratings of TIAA-CREF as of the measurement date uphold the TIAA Account's ability to meet obligations set forth in the contracts.

The TIAA Account has redemption restrictions based on the terms of the underlying contract selected by the participant and loan agreements with participants, see Notes 5 and 6 for a discussion of restrictions, and is an unfunded commitment as claims against the contracts are solely supported by TIAA-CREF's ability to pay on such claims. The redemption restrictions do not have a material impact on the contract value of the TIAA Account.

The VALIC Fixed Interest Account is valued based on unobservable inputs using valuation methodologies to determine fair value to include discounted cash flows based on current yields of similar instruments with comparable durations with consideration of the credit-worthiness of the issuer.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Assets at Fair Value as of December 31, 2010			
	Level 1	**Level 2**	**Level 3**	**Total**
Guaranteed annuity contracts:				
TIAA Traditional Annuity Account	$ -	$ -	$ 56,641,579	$ 56,641,579
VALIC Fixed Interest Account	-	-	5,171,971	5,171,971
CREF separate accounts:				
Balanced funds	-	35,092,222	-	35,092,222
Growth fund	-	8,030,109	-	8,030,109
International equity fund	-	6,811,731	-	6,811,731
Money market fund	-	4,055,368	-	4,055,368
Equity funds	-	4,626,790	-	4,626,790
Fixed income funds	-	6,356,106	-	6,356,106
Real estate fund	-	4,989,796	-	4,989,796
Variable annuity contracts - TIAA Access funds	-	10,859,004	-	10,859,004
Mutual funds:				
Index	5,524,522	-	-	5,524,522
International	8,848,764	-	-	8,848,764
Growth	9,550,400	-	-	9,550,400
Equity	17,732,488	-	-	17,732,488
Fixed income	3,590,043	-	-	3,590,043
Balanced	16,616,452	-	-	16,616,452
Money market funds	735,633	-	-	735,633
Total	$ 62,598,302	$ 80,821,126	$ 61,813,550	$ 205,232,978

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Assets at Fair Value as of December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Guaranteed annuity contracts:				
TIAA Traditional Annuity Account	$ -	$ -	$ 53,328,199	$ 53,328,199
VALIC Fixed Interest Account	-	-	4,450,841	4,450,841
CREF separate accounts:				
Balanced funds	-	29,605,909	-	29,605,909
Growth fund	-	6,719,285	-	6,719,285
International equity fund	-	5,855,142	-	5,855,142
Money market fund	-	4,206,619	-	4,206,619
Equity funds	-	3,917,579	-	3,917,579
Fixed income funds	-	5,283,881	-	5,283,881
Real estate fund	-	3,957,341	-	3,957,341
Variable annuity contracts - TIAA Access funds	-	6,495,265	-	6,495,265
Mutual funds:				
Index	5,086,811	-	-	5,086,811
International	7,986,377	-	-	7,986,377
Growth	8,144,828	-	-	8,144,828
Equity	14,643,034	-	-	14,643,034
Fixed income	5,262,867	-	-	5,262,867
Balanced	9,614,526	-	-	9,614,526
Money market funds	860,751	-	-	860,751
Total	$ 51,599,194	$ 66,041,021	$ 57,779,040	$ 175,419,255

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

	Guaranteed Annuity Contracts
Beginning balance	$ 57,779,040
Realized gains	266,849
Unrealized gains relating to instruments still held at the reporting date	1,440,083
Purchases, sales, issuances, and settlements (net)	2,327,578
Ending balance	$ 61,813,550

Gains and losses (realized and unrealized) included in changes in net assets available for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

4. Investments

The following presents investments that represent 5% or more of the Plan's net assets available for benefits at December 31:

	2010	2009
TIAA Traditional Annuity Account	$ 56,641,579	$ 53,328,199
CREF Stock	31,395,539	26,515,582

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

CREF separate accounts	$ 9,178,105
Mutual funds	6,171,711
Guaranteed annuity contracts	1,706,932
Total	$ 17,056,748

5. Annuity Contracts with Insurance Companies

The Plan offers the option to invest in guaranteed annuity contracts with TIAA-CREF and VALIC. TIAA-CREF and VALIC maintain the contributions within their general accounts which are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed annuity contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Annuity contracts offered through the TIAA Traditional Annuity Account consist of currently, Group Retirement Annuity ("GRA") and Group Supplemental Retirement Annuity ("GSRA") and previously, Retirement Annuity ("RA") and Supplemental Retirement Annuity ("SRA") contracts, each of which have varying withdrawal options and distributions.

As described in Note 2, because GRA, SRA, and GSRA contracts as well as the VALIC Fixed Interest Account are fully-benefit responsive guaranteed contracts, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract values, as reported to the Plan by TIAA-CREF and VALIC, represent contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses.

The RA contracts are non-benefit responsive guaranteed contracts and are valued based upon TIAA-CREF's quoted redemption value of contracts owned by plan participants at year end. As such, fair value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Fair value, as reported to the Plan by TIAA-CREF, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses.

There are no reserves against the guaranteed annuity contracts for credit risk of the contract issuer or otherwise. The fair values of the investment contracts totaled $61,813,550 at December 31, 2010 and $57,779,040 at December 31, 2009. The crediting interest rates are based on a formula agreed upon by the issuer. Such interest rates are reviewed on a regular basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The TIAA Traditional Annuity Account and VALIC Fixed Interest Account are single group annuity contracts with a fixed rate of interest. Interest is credited to the accounts and accumulations include a guaranteed rate, plus discretionary additional amounts determined annually by the TIAA-CREF and VALIC. The additional amounts, when declared, remain in effect through each account's declaration year. Premiums remitted earn interest at each account's guaranteed annual interest rate and is dependent on the term and amount of each accumulating contract. They are not a portfolio of contracts whose yields are based on changes in fair value of underlying assets, therefore the average yield earned by the Plan is the interest earned on the group annuity contracts. The guaranteed investment contracts do not permit TIAA-CREF and VALIC to terminate the agreements prior to the scheduled maturity dates.

The TIAA Traditional Annuity Account and VALIC Fixed Interest Account are single group annuity contracts with fixed rates of interest. Interest is credited to the accounts and accumulations include a guaranteed rate, plus discretionary additional amounts determined annually by TIAA-CREF and VALIC. The additional amounts, when declared, remain in effect through each account's declaration year. Premiums remitted earn interest at each account's guaranteed annual interest rate and is dependent on the term and amount of each accumulating contract. They are not a portfolio of contracts whose yields are based on changes in fair value of underlying assets, therefore the average yield earned by the Plan is the interest earned on the group annuity contracts. The guaranteed investment contracts do not permit TIAA-CREF and VALIC to terminate the agreements prior to the scheduled maturity date. The following table summarizes the ranges of crediting interest rates at December 31, 2010 and 2009, depending on the period in which the contribution was made:

	2010	2009
TIAA Traditional Annuity Accounts:		
Retirement Annuity (RA)	3.35% - 5.00%	3.65% - 5.00%
Group Retirement Annuity (GRA)	3.35% - 5.00%	3.65% - 5.00%
Supplemental Retirement Annuity (SRA)	3.00% - 4.25%	3.00% - 4.25%
Group Supplemental Retirement Annuity (GSRA)	3.00% - 4.25%	3.00% - 4.25%
VALIC Fixed Interest Accounts	3.33%	3.89%

6. Related Party Transactions

Certain plan investments are managed by the custodians, and therefore, these transactions qualify as party-in-interest transactions. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party-in-interest transactions. 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.

TIAA-CREF issues loans to plan participants which are secured by the participant's account balance. Such loans are not assets of the Plan but are contractual agreements between the custodian and the plan participant and are funded by the custodian's general fund. A participant is required to transfer 110% of the loan value to the TIAA Traditional Annuity Account upon the issuance of the loan and is restricted from transfers or withdrawals. The restricted account balance is used as collateral on the loan balance in accordance with the terms of the note. Loan amounts can range from a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of a participant's vested account balance and bear interest at rates which are dependent on the composition of the participant's account balance. These transactions qualify as party-in-interest transactions. As of December 31, 2010 and 2009, participant account balances which were held in the TIAA Traditional Annuity Account that collateralized these loans totaled $2,645,925 and $1,727,033, respectively.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

8. Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

9. Information Certified by Custodians

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2010 and 2009. Accordingly, the custodians of the Plan have certified to the completeness and accuracy of all investments reported in the accompanying statement of net assets available for benefits as of December 31, 2010 and 2009 and the supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2010, and the related investment activity reported in the statement of changes in net assets available for benefits for the year ended December 31, 2010.

10. Custodial Accounts Excluded from Financial Statements

As permitted by the Department of Labor's Field Assistant Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, ("FAB 2009-02") the plan administrator has elected to exclude certain custodial accounts from the Plan's financial statements. These custodial accounts were limited to employee contributions held under a voluntary 403(b) plan arrangement prior to January 1, 2009. The excluded custodial accounts consisted of investment assets of approximately $2.5 million and $3.5 million as of December 31, 2010 and 2009, respectively and benefit payments, net of investment income, of approximately $1.0 million for the year ended December 31, 2010.

The plan administrator has concluded that the custodial accounts have met the criteria required under FAB 2009-02 and as such, have been excluded from the Plan's financial statements.

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2010 and 2009:

	2010	2009
Net assets available for benefits per the financial statements	$ 205,661,158	$ 175,749,582
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	27,743	(42,591)
Net assets available for benefits per Form 5500	$ 205,688,901	$ 175,706,991

The following is a reconciliation of net increase in net assets available for benefits per the statement of changes net assets available for benefits to net income per the Form 5500 for the year ended December 31, 2010:

Net increase in net assets available for benefits per the financial statements	$ 29,911,576
Add: 2010 adjustment from fair value to contract value for fully benefit-responsive investment contracts	27,743
Add: 2009 adjustment from fair value to contract value for fully benefit-responsive investment contracts	42,591
Net income per Form 5500	$ 29,981,910

12. Prohibited Transactions

During 2010, the Company did not remit participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the schedule of delinquent participant contributions, which totaled $59,756, were corrected outside of the Internal Revenue Service Voluntary Fiduciary Correction Program in 2011.

West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan

EIN: 55-0643304 Plan Number: 001
Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2010

	Total That Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to the Plan (1)	**Contributions Not Corrected**	**Contributions Corrected Outside of VFCP**	**Contributions Pending Correction in VFCP**	**Total Fully Corrected Under Under VFCP and PTE 2002-51**
$ 59,756	$ -	$ 59,756	$ -	$ -

(1) Amount does not include participant loan repayments.

West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan

EIN: 55-0643304 Plan Number: 001

December 31, 2010

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Guaranteed annuity contract	TIAA Traditional Annuity Account	N/R	$ 56,641,579
*	Pooled separate account	CREF Stock	N/R	31,395,539
*	Pooled separate account	CREF Growth	N/R	8,030,109
*	Pooled separate account	CREF Global Equities	N/R	6,811,731
*	Guaranteed annuity contract	VALIC Fixed Interest Account	N/R	5,171,971
*	Pooled separate account	TIAA Real Estate	N/R	4,989,796
*	Pooled separate account	CREF Equity Index	N/R	4,626,790
*	Pooled separate account	CREF Bond Market	N/R	4,401,118
	Mutual fund	DWS S&P 500 Index S	N/R	4,360,776
*	Pooled separate account	CREF Money Market	N/R	4,055,368
*	Pooled separate account	CREF Social Choice	N/R	3,696,683
*	Pooled separate account	TIAA-CREF Lifecycle 2040-Rtmt	N/R	3,203,082
	Mutual fund	PIMCO Total Return A	N/R	3,175,809
	Mutual fund	DWS Growth & Income Fnd S	N/R	2,612,354
	Mutual fund	Amer Funds Grth Fund R3	N/R	2,222,792
*	Mutual fund	Fidelity Freedom 2020	N/R	2,088,560
*	Pooled separate account	CREF Inflation-Linked Bond	N/R	1,954,988
*	Mutual fund	Fidelity Freedome 2010	N/R	1,870,793
	Mutual fund	Alliance Bern Intl Growth R	N/R	1,723,624
*	Mutual fund	Fidelity Contrafund	N/R	1,628,474
	Mutual fund	DWS Dreman Mid Cap Value S	N/R	1,509,728
	Mutual fund	DWS Global Thematic S	N/R	1,493,334
	Mutual fund	Pimco Tot Return Adm	N/R	1,484,688
	Mutual fund	DWS Large Cap Value S	N/R	1,482,321
	Mutual fund	Wells Fargo ADV Com Stk Inv	N/R	1,375,135
	Mutual fund	Amer Funds EuroPac R4	N/R	1,372,848
	Mutual fund	DWS Dreman Small Cap Value S	N/R	1,223,344
*	Mutual fund	Fidelity Freedom 2030	N/R	1,182,842
	Mutual fund	Invesco Endeavor R	N/R	1,064,269
*	Pooled separate account	TIAA-CREF Lifecycle 2025-Rtmt	N/R	1,038,242
*	Pooled separate account	TIAA-CREF Lifecycle 2030-Rtmt	N/R	978,541
*	Pooled separate account	TIAA-CREF International Eq-Rtmt	N/R	976,655
	Mutual fund	American Fnds CP Wrld G/I	N/R	914,699
	Mutual fund	Davis NY Venture R	N/R	908,205
	Mutual fund	JP Morgan Small Cap Gr A	N/R	883,569
*	Pooled separate account	TIAA-CREF Lifecycle 2035-Rtmt	N/R	882,642
*	Pooled separate account	TIAA-CREF Mid-Cap Val-Rtmt	N/R	880,139
	Mutual fund	DWS Pssrs Cash Invmt Trust S	N/R	867,842
	Mutual fund	Columbia Sm Cp Val II A	N/R	854,907
	Mutual fund	Templeton Foreign A	N/R	848,919
*	Mutual fund	Fidelity Low Pr Stk	N/R	798,454
*	Mutual fund	T. Rowe Price RTMT 2020 R	N/R	797,726
*	Mutual fund	Fidelity Freedom 2025	N/R	784,724
*	Pooled separate account	TIAA-CREF Lifecycle 2015-Rtmt	N/R	758,238
	Mutual fund	DWS Latin Amer Equity S	N/R	717,747
	Mutual fund	American Funds Cap Wld Gr & Inc R3	N/R	682,282
*	Mutual fund	Fidelity Freedom 2040	N/R	674,358
	Mutual fund	Baron Growth	N/R	656,445
*	Pooled separate account	TIAA-CREF Lifecycle 2020-Rtmt	N/R	653,489
	Mutual fund	Goldman Sachs Mid Cap Value A	N/R	623,374
	Mutual fund	Allianz NFJ Dividen Val R	N/R	601,500
	Mutual fund	Amcent Inf-Adj Bond Inv	N/R	582,041
	Mutual fund	Virtus Real Estate SEC A	N/R	571,533
	Mutual fund	DWS Dreman Small Cap Value Fund - A	N/R	567,790
	Mutual fund	Oppen Main St. SM & Mid Cap N	N/R	555,795
*	Mutual fund	T. Rowe Price New Era	N/R	549,117
	Mutual fund	DWS US Treasury S	N/R	500,539
	Mutual fund	Artisan Mid Cap Value	N/R	497,734
	Mutual fund	DWS Balanced S	N/R	484,778
	Mutual fund	SSgA S & P 500 Index	N/R	472,706
	Mutual fund	Oppenheimer Gold & Speca	N/R	472,248
*	Mutual fund	Fidelity Freedom 2015	N/R	423,215
*	Mutual fund	Guaranteed Portfolio Fund	N/R	416,092
	Mutual fund	PIMCO Total Return fund - Admin	N/R	410,775
*	Pooled separate account	TIAA-CREF Lg-Cap Val-Rtmt	N/R	409,747
*	Money market	Fidelity Ret Govt MM	N/R	397,394

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	DWS GNMA S	N/R	$ 388,366
*	Pooled separate account	TIAA-CREF Small-Cap Eq-Rtmt	N/R	363,909
*	Pooled separate account	TIAA-CREF Mid-Cap Gr-Rtmt	N/R	357,835
*	Pooled separate account	TIAA-CREF Lifecycle 2010-Rtmt	N/R	356,485
	Mutual fund	DWS Small Cap Growth S	N/R	353,714
	Mutual fund	DWS Growth S	N/R	342,833
*	Mutual fund	Fixed Account Plus	N/R	342,044
	Mutual fund	MSIF Emerging Mkts P	N/R	325,358
	Mutual fund	DWS Large Cap Focues Growth S	N/R	307,968
*	Mutual fund	Fidelity Mid Cap Stock	N/R	299,430
	Mutual fund	American Funds EuroPacific R3	N/R	291,161
*	Mutual fund	Fidelity Diversified Intl	N/R	284,719
*	Mutual fund	Fidelity Intl Discovery	N/R	273,745
*	Mutual fund	Fidelity Intermed Bond	N/R	261,875
	Mutual fund	Spartan 500 Index	N/R	239,302
	Mutual fund	Invesco Developing Markets I	N/R	237,897
	Mutual fund	RS Partners A	N/R	215,903
*	Mutual fund	T. Rowe Price Sum GNMA	N/R	214,027
*	Mutual fund	T. Rowe Price Retirement 2020 fund - R	N/R	210,604
*	Mutual fund	Systematic Withdrawal	N/R	205,435
*	Mutual fund	T. Rowe Price RTMT 2040 R	N/R	199,729
*	Mutual fund	Fidelity Freedom 2035	N/R	190,689
	Mutual fund	American Funds Income Fund R4	N/R	168,645
	Mutual fund	Fidelity New Markets Inc	N/R	167,468
*	Money market	T. Rowe Price Prime Account	N/R	163,843
	Mutual fund	DWS Global Bond Fund S	N/R	159,225
	Mutual fund	DWS Lifecompass 2020 S	N/R	155,940
*	Mutual fund	Fidelity Invst Gr Bd	N/R	150,909
	Mutual fund	American Funds Fundamental Inv Fund R3	N/R	137,333
*	Mutual fund	Fidelity Equity Income	N/R	137,328
*	Mutual fund	Fidelity Magellan	N/R	126,292
	Mutual fund	Balanced MSA	N/R	125,934
	Mutual fund	American Funds Growth Fund R3	N/R	124,757
	Mutual fund	Janus Twenty Fund T	N/R	120,230
	Mutual fund	DWS S&P 500 Plus S	N/R	119,531
*	Mutual fund	T. Rowe Price Retirement 2030 fund - R	N/R	109,390
	Mutual fund	DWS Short Dur Plus S	N/R	106,409
	Mutual fund	DWS Health Care Fund S	N/R	104,736
*	Mutual fund	Fidelity Freedom 2045	N/R	104,292
	Mutual fund	Perkins Mid CP Val T	N/R	104,195
*	Mutual fund	Fidelity Freedom 2050	N/R	104,107
	Mutual fund	JH Small Company A	N/R	100,774
	Mutual fund	Amer Funds Amer H/I R3	N/R	100,605
*	Mutual fund	Vanguard LifeStrategy Growth Fund	N/R	93,271
*	Mutual fund	Fidelity Blue Chip Growth	N/R	91,873
*	Mutual fund	Fidelity Overseas	N/R	91,353
*	Mutual fund	Vanguard STAR Fund	N/R	89,406
*	Mutual fund	Maxim T. Rowe Price Equity/Income Port	N/R	86,140
*	Mutual fund	Vanguard 500 Index Fund Investor Shares	N/R	84,977
*	Mutual fund	Fidelity Value	N/R	84,188
*	Mutual fund	Fidelity Growth & Income	N/R	83,527
*	Mutual fund	T. Rowe Price RTMT 2030 R	N/R	82,486
*	Mutual fund	T. Rowe Price New Horizon	N/R	80,857
	Mutual fund	MFS Total Return Fund	N/R	80,321
*	Mutual fund	Vanguard Wellesley Income Fund Investor Shares	N/R	78,358
*	Mutual fund	T. Rowe Price Retirement 2010 Fund - R	N/R	71,719
*	Mutual fund	T. Rowe Price Equity Income	N/R	70,959
*	Mutual fund	Maxim Stock Index Portfolio	N/R	70,502
	Mutual fund	Lord Abbet Developing Growth P	N/R	68,797
*	Mutual fund	Fidelity Freedom 2005	N/R	68,558
*	Money market	Maxim Money Market Portfolio	N/R	67,629
*	Mutual fund	Maxim Ariel MidCap Value Portfolio	N/R	64,634
	Mutual fund	DWS Income Plus S	N/R	63,415
	Mutual fund	Columbia Acom Fund -Z	N/R	62,990
*	Mutual fund	TRV Fund	N/R	61,338
	Mutual fund	Perkins Small Cap Value Fund T	N/R	59,918

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	T. Rowe Price RTMT INC R	N/R	$ 56,963
	Mutual fund	Prudential Jennison Small Company A	N/R	55,603
	Mutual fund	DWS Technology S	N/R	55,252
	Mutual fund	INVESCO Mid Cap Core Equity Fund - A	N/R	54,038
*	Mutual fund	Vanguard Windsor Fund Investor Shares	N/R	53,682
	Mutual fund	Oppenheimer Capital Appreciation Fund	N/R	53,547
*	Mutual fund	Vanguard Wellington Fund Investor Shares	N/R	51,785
*	Mutual fund	Maxim Ariel Small-Cap Value Portfolio	N/R	51,350
*	Mutual fund	Fidelity Asset MGR 50%	N/R	51,290
*	Mutual fund	Franklin Templeton Conservative Allocation Fund Class A	N/R	51,104
	Mutual fund	Neuberger Ber Soc Res Tr	N/R	49,761
*	Mutual fund	T. Rowe Price Equity Income	N/R	47,727
*	Mutual fund	Vanguard Total Bond Market Index Fund Investor Shares	N/R	46,426
*	Mutual fund	Small Cap Fund	N/R	46,400
	Mutual fund	Vanguard 500 Index Fund	N/R	45,504
*	Mutual fund	Vanguard Health Care Fund Investor Shares	N/R	44,645
*	Mutual fund	T. Rowe Price RTMT 2010 R	N/R	44,397
*	Money market	Vanguard Prime Money Market Fund	N/R	43,918
*	Mutual fund	Vanguard US Value Fund	N/R	42,211
	Mutual fund	ABF Lg Cap Val Inv	N/R	40,626
*	Mutual fund	Maxim Loomis Sayles Bond Portfolio	N/R	39,933
*	Mutual fund	Science & Technology Fund	N/R	38,127
	Mutual fund	DWS World Dividend S	N/R	37,750
*	Mutual fund	Short Term Fixed Account	N/R	36,594
*	Mutual fund	Franklin Templeton Growth Allocation Fund	N/R	34,296
*	Mutual fund	Core Equity Fund	N/R	34,141
	Mutual fund	LM CM Value FI	N/R	33,498
*	Mutual fund	T. Rowe Price Small Cap Value	N/R	32,831
*	Mutual fund	Fidelity Freedom Income	N/R	32,394
*	Mutual fund	T. Rowe Price New Income	N/R	32,135
*	Mutual fund	Vanguard PRIMECAP Fund Investor Shares	N/R	31,421
*	Mutual fund	Maxim Invesco ADR Portfolio	N/R	30,956
*	Mutual fund	Vanguard European Stock Index Fund Investor Shares	N/R	30,823
*	Mutual fund	Maxim Index 600 Portfolio	N/R	30,323
	Mutual fund	INVESCO International Growth Fund	N/R	30,307
*	Mutual fund	Vanguard International Value Fund	N/R	27,151
*	Mutual fund	Franklin Templeton Moderate Allocation Fund - Class C	N/R	27,136
	Mutual fund	PIMCO Total Return Admin	N/R	26,416
*	Money market	T. Rowe Price Sum Cash	N/R	25,621
*	Mutual fund	T. Rowe Price International Stock	N/R	25,477
*	Mutual fund	T. Rowe Price Dividend Growth	N/R	24,456
*	Mutual fund	Growth Fund	N/R	24,401
*	Money market	T. Rowe Price Prime Account	N/R	24,347
*	Mutual fund	Stock Index Fund	N/R	22,783
*	Mutual fund	CAV Fund	N/R	22,052
*	Mutual fund	T. Rowe Price International Stock	N/R	21,804
*	Mutual fund	Vanguard US Growth Fund Investor Shares	N/R	21,144
	Mutual fund	Janus Balanced Fund T	N/R	21,109
*	Mutual fund	Vanguard Windor II Fund Investor Shares	N/R	21,006
*	Mutual fund	Large Capital Growth	N/R	20,226
	Mutual fund	Growth Stock MSA	N/R	19,908
*	Mutual fund	T. Rowe Price Small Cap Stock	N/R	19,619
*	Mutual fund	Fidelity Dividend Growth	N/R	19,346
*	Mutual fund	Fidelity Growth Company	N/R	19,250
	Mutual fund	Large Cap Core Stock	N/R	17,221
*	Mutual fund	T. Rowe Price Science & Technology	N/R	16,921
*	Mutual fund	Fidelity VIP II ContraFund	N/R	16,539
*	Mutual fund	International Growth I Fund	N/R	16,502
*	Mutual fund	T. Rowe Price Blue Chip	N/R	16,391
*	Mutual fund	Vanguard Growth Index Fund Investor Shares	N/R	16,308
*	Mutual fund	T. Rowe Price Retirement Income Fund R	N/R	15,276
*	Mutual fund	T. Rowe Price Personal Balance	N/R	14,858
	Mutual fund	Select Bond	N/R	14,814
	Mutual fund	American Funds High Income Tr R3	N/R	13,926
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	13,866
*	Mutual fund	Maxim US Government Securties Portfolio	N/R	13,760

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Cap Appreciation	N/R	$ 13,335
*	Mutual fund	Fidelity Sel Computers	N/R	13,211
	Mutual fund	International Equity	N/R	12,798
*	Mutual fund	T. Rowe Price Growth Stock	N/R	12,782
*	Mutual fund	T. Rowe Price Science & Technology	N/R	12,446
*	Mutual fund	Vanguard Life Strategy Moderate Growth Fund	N/R	11,907
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	11,745
*	Mutual fund	T. Rowe Price Emerging Bond	N/R	11,565
*	Mutual fund	Vanguard LifeStrategy Conservative Growth Fund	N/R	11,354
*	Mutual fund	International Equities Fund	N/R	11,073
*	Money market	Franklin Templeton Money Fund	N/R	10,755
	Mutual fund	Index 500 Stock MSA	N/R	10,566
*	Mutual fund	T. Rowe Price Equity Index	N/R	10,482
	Mutual fund	Loomis Sm Cap Val R	N/R	10,319
*	Mutual fund	T. Rowe Price Health Science	N/R	9,971
	Mutual fund	American Century Income & Growth Fund	N/R	9,920
*	Mutual fund	Fidelity Gr Strategies	N/R	9,281
*	Mutual fund	Vanguard Emerging Markets Stock Index Fund Investor Shares	N/R	8,282
*	Mutual fund	Global and Social Awareness Fund	N/R	8,246
*	Mutual fund	Ariel Appreciation Fund	N/R	8,150
*	Mutual fund	Vanguard International Growth Fund Investor Shares	N/R	8,021
	Mutual fund	MFS Value Fund - A	N/R	8,017
*	Mutual fund	Mid Cap Strategic Gwth	N/R	7,756
*	Mutual fund	Fidelity Independence	N/R	7,695
*	Mutual fund	T. Rowe Price Growth Stock	N/R	7,232
	Mutual fund	Lord Abbet Bond Debenture A	N/R	7,011
*	Mutual fund	Global Equity	N/R	6,897
*	Mutual fund	Fidelity US Bd Index	N/R	6,874
	Mutual fund	LM CBA Aggressive Growth A	N/R	6,827
*	Mutual fund	Fidelity Sm Cap Independ	N/R	6,737
*	Mutual fund	Fidelity Sel Biotech	N/R	6,620
*	Mutual fund	International Government Bond Fund	N/R	6,543
*	Mutual fund	T. Rowe Price Capital Opportunity	N/R	6,485
*	Mutual fund	GSV Fund	N/R	6,188
*	Mutual fund	T. Rowe Price Dividend Growth	N/R	5,764
	Mutual fund	LM CBA Large Cap Growth A	N/R	5,349
	Mutual fund	Vanguard Windsor II	N/R	5,290
*	Mutual fund	Fidelity Sel Electronics	N/R	4,989
	Mutual fund	DWS Lifecompass 2015 S	N/R	4,686
*	Mutual fund	T. Rowe Price New Horizon	N/R	4,664
*	Mutual fund	Maxim MFS International Value Portfolio	N/R	4,639
*	Mutual fund	T. Rowe Price MidCap Value	N/R	4,401
*	Mutual fund	MMV Fund	N/R	4,337
*	Mutual fund	Fidelity Asset MGR 20%	N/R	4,049
*	Mutual fund	T. Rowe Price Personal Income	N/R	3,863
*	Mutual fund	Fidelity Disciplined Eqty	N/R	3,839
	Mutual fund	Dreyfus International Stock Index	N/R	3,823
	Mutual fund	Dreyfus S & P 500 Index fund	N/R	3,770
*	Mutual fund	T. Rowe Price New Income	N/R	3,638
	Mutual fund	LM CM Value Trust Inc FI	N/R	3,618
	Mutual fund	Dreyfus Bond Market Index Fund Investor	N/R	3,529
	Mutual fund	Wells Fargo Adv Income Plus Investor	N/R	3,361
	Mutual fund	LM CBA Capital Fund A	N/R	3,272
	Mutual fund	LM CBA Large Cap Value A	N/R	3,226
*	Mutual fund	Franklin Templeton Moderate Allocation Fund - Class A	N/R	3,157
*	Mutual fund	T. Rowe Price Retire 2040	N/R	3,134
*	Mutual fund	Fidelity Sel Healthcare	N/R	3,050
*	Mutual fund	Fidelity Small Cap Stock	N/R	2,821
*	Mutual fund	Fidelity Asset MGR 70%	N/R	2,755
*	Mutual fund	Fidelity Sel Comm Equip	N/R	2,750
	Mutual fund	Russell Core Bond	N/R	2,716
	Mutual fund	Banded Portfolio Fund	N/R	2,602
*	Mutual fund	Fidelity New Markets Inc	N/R	2,597
*	Mutual fund	Fidelity Sel Technology	N/R	2,595
*	Mutual fund	Fidelity OTC Protfolio	N/R	2,159
*	Money market	Fidelity Retire Mmkt	N/R	2,126

West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan

EIN: 55-0643304 Plan Number: 001

December 31, 2010

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Fedelity	N/R	$ 2,089
*	Mutual fund	Fidelity Advisor High Income Advantage	N/R	2,075
	Mutual fund	Vanguard Small-Cap Index Fund -Inv	N/R	2,029
*	Mutual fund	T. Rowe Price MidCap Growth	N/R	1,942
*	Mutual fund	Fidelity Puritan	N/R	1,802
*	Mutual fund	Fidelity Sel Software	N/R	1,797
	Mutual fund	Vanguard Prime Money Market	N/R	1,765
	Mutual fund	Vanguard Total Bond Market Index Fund	N/R	1,568
	Mutual fund	SSgA Money Market Fund	N/R	1,533
*	Mutual fund	T. Rowe Price Capital Appreciation	N/R	1,511
*	Mutual fund	Maxim Moderate Profile Portfolio	N/R	1,358
	Mutual fund	Dreyfus Appreciation Fund	N/R	1,309
*	Mutual fund	Mid Cap Index Fund	N/R	1,287
*	Mutual fund	Fidelity Growth Discovery	N/R	1,274
*	Mutual fund	T. Rowe Price Fin. Services	N/R	1,191
*	Mutual fund	Fidelityelity Govt Income	N/R	1,131
*	Mutual fund	Dividend Value	N/R	1,007
*	Mutual fund	Small Cap Index Fund	N/R	782
*	Mutual fund	Fidelity Sel Financial	N/R	764
	Mutual fund	DWS Lifecompass Retire S	N/R	591
	Mutual fund	SSgA Intermediate Fund	N/R	421
*	Mutual fund	Vanguard Growth and Income Fund Investor Shares	N/R	241
*	Mutual fund	Fidelity GNMA	N/R	194
	Mutual fund	Alliance Bernstein 2010 Retirement Str K	N/R	193
	Mutual fund	RidgeWorth Small Cap Growth Stock - I	N/R	155
	Mutual fund	American Century Equity Income Fund	N/R	136
*	Mutual fund	Fidelity VIP Growth Portfolio	N/R	135
*	Mutual fund	Foreign Value	N/R	131
	Mutual fund	Artisan International Fund	N/R	126
*	Mutual fund	Maxim Loomis Sayles Small-Cap Value	N/R	112
	Mutual fund	MFS Core Equity A	N/R	85
*	Mutual fund	Maxim T. Rowe Price Mid Cap Growth Port	N/R	81
*	Mutual fund	Fidelity Freedome 2000	N/R	78
	Mutual fund	Federated Capital Appreciation A	N/R	67
	Mutual fund	Oppenheimer Global Fund	N/R	67
	Mutual fund	Alger American MidCap Growth Portfolio	N/R	66
*	Participant loans	Interest rates: 4.25% - 10.50%		455,923
	Total investments			$ 205,688,901

* A party-in-interest as defined by ERISA

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