

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information						
1a Name of plan <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>01/01/1989</u>			
1b Three-digit plan number (PN) ▶	<u>004</u>						
1c Effective date of plan <u>01/01/1989</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION</u> <u>UNIVERSITY HEALTH ASSOCIATES</u> <u>DEPARTMENT 8121</u> <u>MEDICAL CENTER DRIVE</u> <u>MORGANTOWN, WV 26506</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>55-0492006</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>304-598-4075</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621112</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>55-0492006</u>		2c Sponsor's telephone number <u>304-598-4075</u>		2d Business code (see instructions) <u>621112</u>	
2b Employer Identification Number (EIN) <u>55-0492006</u>							
2c Sponsor's telephone number <u>304-598-4075</u>							
2d Business code (see instructions) <u>621112</u>							

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	CHRISTY CHRISTOPHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	CHRISTY CHRISTOPHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION DEPARTMENT 8121 MEDICAL CENTER DRIVE MORGANTOWN, WV 26506		3b Administrator's EIN 55-0492006
		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	2258
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	674
b Retired or separated participants receiving benefits	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	1174
d Subtotal. Add lines 6a , 6b , and 6c	6d	1849
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1
f Total. Add lines 6d and 6e	6f	1850
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	1850
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2G		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION	D Employer Identification Number (EIN) 55-0492006	

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

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INSURANCE

(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	40614	127	01/01/2013	12/31/2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 2671538**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** 2551658**c** Additions: (1) Contributions deposited during the year **7c(1)** 162231(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 57798(4) Transferred from separate account **7c(4)** 218299(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 438328**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2989986**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 316022(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 2426(5) Total deductions **7e(5)** 318448**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2671538

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
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 line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION	D Employer Identification Number (EIN) 55-0492006	

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

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INSURANCE

(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	40614	136	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
864	

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

ROBERT FLEISHMAN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			3

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

GREG MEADOR
2929 ALLEN PAKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

RENEE COIL

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

JOSEPH KLEINE-KRACHT, II

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

JEFFREY MAJERSKY

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

JOHN SOIKA

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19			3

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

ADMIN071003, REC

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

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

DALE MYERS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

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

JAMES ECKBRETH

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42			3

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

TIM MCDONALD

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
108			3

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

VALERIE VISCONTI

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
553			3

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

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

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	5138250
5 Current value of plan's interest under this contract in separate accounts at year end	5	10915374

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

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

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

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

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

b Balance at the end of the previous year	7b	4426112
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c Additions: (1) Contributions deposited during the year	7c(1)	2296	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	167048	
(4) Transferred from separate account	7c(4)	616923	
(5) Other (specify below)	7c(5)	0	
▶			

(6) Total additions **7c(6)** 786267

d Total of balance and additions (add lines 7b and 7c(6))	7d	5212379
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	72157	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	1971	
▶			

(5) Total deductions **7e(5)** 74128

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5138251
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
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 line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION	D Employer Identification Number (EIN) 55-0492006	

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-CREF

(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	101760	738	01/01/2013	12/31/2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	20638532
5 Current value of plan's interest under this contract in separate accounts at year end	5	38453863

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

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

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

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

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

b Balance at the end of the previous year	7b	19941591
--	-----------	----------

c Additions: (1) Contributions deposited during the year	7c(1)	338221	
	7c(2)	0	
	7c(3)	848735	
	7c(4)	523216	
	7c(5)		

(6) Total additions	7c(6)	1710172
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d Total of balance and additions (add lines 7b and 7c(6))	7d	21651763
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	688305	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	323710	
(4) Other (specify below)	7e(4)	1215	

(5) Total deductions	7e(5)	1013230
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	20638533
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
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 line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION	D Employer Identification Number (EIN) 55-0492006	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTIT OP CO.
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
VALIC
74-1625348

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203

(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)

VALIC RETIREMENT SERVICES

51-0396365

(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?
61 49 26 63 60 99 52 33 29 59 72 28 64 19	NONE	17356	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

VARIABLE ANNUITY LIFE INSURANCE 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?
63 52 99 66 29 64 60 19 59 49 26 72 28 32 65	NONE	10822	Yes ☐ No ☐	Yes ☐ No ☒		Yes ☐ No ☒

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

FIDELITY INVESTMENTS

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	150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STRATEGIC ADVISORS

04-2654524

(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?
27	ADVISOR	4930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

(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?
	727		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; text-align: center; padding: 5px;">2013</div> This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION</u>	D Employer Identification Number (EIN) <u>55-0492006</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a): <u>TIAA</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3453900</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION		D Employer Identification Number (EIN) 55-0492006

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)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	43291334	49369234
(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)	91255386	108431693
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	26849208	28336705
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	161395928	186137632

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	161395928	186137632
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7012683	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	177310	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7189993
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1073582	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1073582
(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)	4379929	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4379929
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		8805524
(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)		15101727
c Other income.....	2c		-41462
d Total income. Add all income amounts in column (b) and enter total.....	2d		36509293

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11733036	
(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)		11733036
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)	34553	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		34553
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11767589

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		24741704
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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: PARENTEBEARD 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION		D Employer Identification Number (EIN) 55-0492006
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 04-2647786		
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.....		3 114
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a 7012683
b Enter the amount contributed by the employer to the plan for this plan year.....		6b 7012683
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 0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2013 v. 130118		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**West Virginia University
Medical Corporation
Retirement Plan**

Financial Statements and
Supplementary Information

December 31, 2013 and 2012



West Virginia University Medical Corporation Retirement Plan

Table of Contents

December 31, 2013 and 2012

	<u>Page</u>
Independent Auditors' Report	1
Financial Statements	
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplementary Information	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	16

Independent Auditors' Report

Plan Administrator and Participants
West Virginia University Medical Corporation Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the West Virginia University Medical Corporation Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by Variable Annuity Life Insurance Company ("VALIC"), Teachers Insurance and Annuity Association - College Retirement Equities Fund ("TIAA-CREF"), and Fidelity Management Trust Company ("Fidelity"), the custodians of the Plan, except for comparing such information with the related information included in the financial statements. 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, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "ParenteBeard LLC".

Pittsburgh, Pennsylvania
September 30, 2014

West Virginia University Medical Corporation Retirement Plan

Statement of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value	<u>\$ 186,137,632</u>	<u>\$ 161,395,928</u>
Total assets	<u>186,137,632</u>	<u>161,395,928</u>
Liabilities	<u>-</u>	<u>-</u>
Net assets reflecting investments at fair value	186,137,632	161,395,928
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	<u>111,615</u>	<u>70,153</u>
Net assets available for benefits	<u><u>\$ 186,249,247</u></u>	<u><u>\$ 161,466,081</u></u>

See notes to financial statements

West Virginia University Medical Corporation Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2013

Additions

Investment income:

Net appreciation in fair value of investments	\$ 23,907,251
Interest and dividends	<u>5,453,511</u>

Total investment income	<u>29,360,762</u>
-------------------------	-------------------

Contributions:

Employer	7,012,683
Rollovers	<u>177,310</u>

Total contributions	<u>7,189,993</u>
---------------------	------------------

Total additions	<u>36,550,755</u>
-----------------	-------------------

Deductions

Benefit paid to participants	11,733,036
Administrative expenses	<u>34,553</u>

Total deductions	<u>11,767,589</u>
------------------	-------------------

Net increase in net assets available for benefits	24,783,166
---	------------

Net Assets Available for Benefits

Beginning of year	<u>161,466,081</u>
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End of year	<u><u>\$ 186,249,247</u></u>
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See notes to financial statements

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements
December 31, 2013 and 2012

1. Description of the Plan

The following description of the West Virginia University Medical Corporation Retirement 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 substantially all non-union, non-student employees of West Virginia University Medical Corporation (the "Company") that are scheduled to work at least 1,000 hours of service per year. Physicians employed under a benefits-eligible employment agreement are also covered. 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 September 30, 2014, the date the financial statements were available to be issued.

Contributions

Effective January 1, 2012, the Plan was amended to change the Company's contributions for eligible participants equal to the following, up to the maximum limits of the Internal Revenue Code ("IRC"):

<u>Years of Vesting Service</u>	<u>Percent of Compensation</u>
0-4 years	6.00%
5-9 years	7.00%
10-14 years	8.00%
15+ years	10.00%

The Plan does not allow for participant contributions other than amounts representing distributions from other qualified defined benefit or defined contribution plans. 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 allocations of the Company's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the plan document. 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 rollover contributions plus actual earnings thereon. Vesting in the Company's contribution portion of participants' accounts is based on years of vesting service. Prior to January 1, 2012, participants became 100% vested after three years of vesting service. Effective January 1, 2012, the Plan was amended to reduce the vesting period to two years.

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements
December 31, 2013 and 2012

Furthermore, pursuant to a joint operating agreement executed by the Company and West Virginia University Hospitals, Inc. ("WVUH"), the Plan was amended effective September 1, 2011, to grant vesting service to transferring participants entering the Plan for years of service resulting from their previous employment with WVUH. In addition, those participants leaving the employ of the Company for WVUH on or after December 25, 2011, will continue to earn vesting service for the purposes of the Plan during that participant's uninterrupted employment with WVUH.

Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant will 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.

Notes Receivable from Participants

Participants are not permitted to borrow from their vested account balances under the Plan.

Forfeited Accounts

At December 31, 2013 and 2012, forfeited non-vested accounts totaled \$568,190 and \$643,403, respectively. These accounts will be used to reduce future Company contributions or to pay administrative expenses of the Plan. In 2013, Company contributions were reduced by \$75,304 from forfeited non-vested accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment 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 investment contracts held in the collective trust fund as well as the adjustment of the fully benefit-responsive contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis for fully benefit-responsive investment contracts.

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

Use of Estimates

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

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 gains and losses on investments bought and sold as well as held during the year.

Administration of Plan Assets

The Plan's assets are administered under contracts with Variable Annuity Life Insurance Company ("VALIC"), Teachers Insurance and Annuity Association - College Retirement Equities Fund ("TIAA-CREF"), and Fidelity Management Trust Company ("Fidelity"), the custodians of the Plan. The custodians invest funds received from contributions, investment sales, interest, and dividend income and make distribution payments to participants. Certain administrative expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements.

Payment of Benefits

Benefits are recorded when paid.

3. Fair Value Measurements

The Plan measures its investments at fair value on a recurring basis in accordance with accounting principles generally accepted in the United States of America, which establishes the framework for measuring fair value. That framework includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on 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.

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

Level 2 - Fair value is based on 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 or liabilities, quoted market prices in inactive markets for identical or similar assets, and other observable inputs.

Level 3 - Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and similar techniques.

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, 2013 and 2012.

Mutual funds are valued at the quoted net asset value ("NAV") of shares held by the Plan at year end.

Pooled separate accounts are valued based on NAV per unit of participation in the fund and have no unfunded commitments or significant redemption restrictions. NAV is valued based on the fair value of the underlying assets of the fund derived from or corroborated by observable market data by correlation or other means, although not based upon quoted market prices in an active market. The funds invest principally in equity securities, fixed income instruments, and short-term instruments in accordance with each fund's investment objectives as follows:

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 growth funds' objectives are for capital appreciation with typically little or no dividend payouts. The funds invest in companies that typically reinvest their earnings into expansion, acquisitions, and/or research and development.

The index funds' objectives are to replicate the financial performance of an index of a specific market by investing significantly all the securities within the related index.

The international equity funds' objectives are for favorable long-term rates of return from a diversified portfolio of common stock. The funds invest 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.

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

The money market funds' objectives are for stable income consistent with maintaining liquidity and preserving capital. The funds are not insured by the Federal Deposit Insurance Corporation or any other government agency. The funds invest in commercial paper, U.S. government and government agency obligations, certificates of deposits, floating-rate securities, U.S. agency, bankers' acceptances, and medium-term bonds and notes.

The guaranteed investment contracts consist of the TIAA Traditional Annuity Account ("TIAA Account") and the VALIC Fixed Account Plus.

The 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. As of December 31, 2013, 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 AA+ by Standard & Poor's. Management believes the credit ratings of TIAA-CREF as of the measurement date uphold the TIAA Account's ability to meet obligations set forth in the contracts.

Contract value is the aggregation of contributions, plus interest, less withdrawals, if any. Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during a reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with the TIAA Account's historical crediting rates.

The TIAA Account has redemption restrictions based on the terms of the underlying contract selected by the participant and loan agreements with participants (see Note 5 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 Account Plus 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. In determining the reasonableness of the methodologies, plan management evaluates a variety of factors including review of the existing contract, economic conditions, industry and market developments, and overall credit ratings. The minimum guaranteed interest rate is substantiated by utilizing available market data.

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.

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity funds	\$ 32,726,879	\$ -	\$ -	\$ 32,726,879
Target date funds	27,029,633	-	-	27,029,633
Growth funds	14,841,987	-	-	14,841,987
Fixed income funds	8,902,648	-	-	8,902,648
Index funds	7,664,740	-	-	7,664,740
International funds	7,266,646	-	-	7,266,646
Money market funds	5,974,941	-	-	5,974,941
Value funds	2,439,624	-	-	2,439,624
Balanced fund	1,584,595	-	-	1,584,595
Pooled separate accounts:				
Equity funds	-	31,045,924	-	31,045,924
Growth funds	-	8,593,923	-	8,593,923
Index funds	-	2,360,614	-	2,360,614
International funds	-	1,052,297	-	1,052,297
Fixed income funds	-	3,069,777	-	3,069,777
Money market funds	-	3,246,699	-	3,246,699
Guaranteed investment contracts	-	-	28,336,705	28,336,705
Total assets at fair value	\$ 108,431,693	\$ 49,369,234	\$ 28,336,705	\$ 186,137,632

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements
December 31, 2013 and 2012

Assets at Fair Value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity funds	\$ 21,696,924	\$ -	\$ -	\$ 21,696,924
Target date funds	27,033,713	-	-	27,033,713
Growth funds	11,167,442	-	-	11,167,442
Fixed income funds	7,941,272	-	-	7,941,272
Index funds	6,677,794	-	-	6,677,794
International funds	6,606,661	-	-	6,606,661
Money market funds	2,580,389	-	-	2,580,389
Value funds	4,089,463	-	-	4,089,463
Balanced fund	1,429,459	-	-	1,429,459
Pooled separate accounts:				
Equity funds	-	29,888,769	-	29,888,769
Growth funds	-	6,044,892	-	6,044,892
Index funds	-	1,993,968	-	1,993,968
International funds	-	851,418	-	851,418
Fixed income funds	-	3,629,541	-	3,629,541
Money market funds	-	2,915,015	-	2,915,015
Guaranteed investment contracts	-	-	26,849,208	26,849,208
Total assets at fair value	<u>\$ 89,223,117</u>	<u>\$ 45,323,603</u>	<u>\$ 26,849,208</u>	<u>\$ 161,395,928</u>

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, 2013:

	Guaranteed Investment Contracts
Beginning balance	\$ 26,849,208
Contributions	502,694
Interest	1,073,582
Withdrawals	(1,059,661)
Unrealized losses related to instruments still held at the reporting date	(41,462)
Transfers	1,016,742
Fees	(4,398)
Ending balance	<u>\$ 28,336,705</u>

As described in Note 2, the Statement of Changes in Net Assets Available for Benefits is reported on a contract value basis. Accordingly, gains and losses (realized and unrealized) included in changes in the fair value of the Plan's Level 3 assets for the period above are not reported in the Statement of Changes in Net Assets Available for Benefits.

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

The following table sets forth quantitative information about significant unobservable inputs used in determining the fair value of the guaranteed investment contracts as of December 31, 2013 and 2012:

Instrument	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values
December 31, 2013				
Guaranteed investment contracts	\$ 28,336,705	Discounted cash flow	Risk-adjusted discount rate	1.50% - 5.00%
December 31, 2012				
Guaranteed investment contracts	\$ 26,849,208	Discounted cash flow	Risk-adjusted discount rate	1.50% - 5.00%

4. Investments

The following presents investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2013 and 2012:

	2013	2012
TIAA Traditional Annuity Account	\$ 20,638,532	\$ 19,941,591
CREF Stock Account	18,597,449	13,307,957

During 2013, the Plan's investments in mutual funds and pooled separate accounts (including gains and losses on investments bought, sold, as well as held during the year) appreciated in value by \$15,101,727 and \$8,805,524, respectively.

5. Investment Contracts with Insurance Companies

The Plan offers the option to invest in guaranteed investment 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 investment contract issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Plan participants may enter into these contractual agreements with TIAA-CREF by selecting a TIAA Account or with VALIC by selecting the VALIC Fixed Account Plus. Annuity contracts offered through the TIAA 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.

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

As described in Note 2, because the SRA and GSRA contracts as well as the VALIC Fixed Account Plus 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 contract. Contract value, as reported to the Plan by TIAA-CREF and VALIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The RA and GRA 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 contract value for credit risk of the contract issuer or otherwise. The crediting interest rates are based on a formula agreed upon by the issuers, which will not be less than zero percent. Such interest rates are reviewed on an annual 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 events, which would limit the Plan's ability to transact at contract value with participants, is probable.

The TIAA Account and VALIC Fixed Account Plus 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 dates.

The following table summarizes the ranges of crediting interest rates at December 31, 2013 and 2012, depending on the period in which the contribution was made:

	2013	2012
TIAA Account:		
Retirement Annuity (RA)	3.25% - 5.00%	3.00% - 5.00%
Group Retirement Annuity (GRA)	3.25% - 5.00%	3.00% - 5.00%
VALIC Fixed Account Plus	1.50% - 2.80%	1.50% - 3.50%

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements
December 31, 2013 and 2012

6. Related Party and Party In Interest Transactions

Certain plan investments are managed by the custodians, and therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment manager services are included in net appreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

8. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated May 7, 2012, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2013, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability 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 2010.

9. Risks and Uncertainties

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

West Virginia University Medical Corporation Retirement Plan

Notes to Financial Statements
December 31, 2013 and 2012

10. 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 2013 and 2012. 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, 2013 and 2012 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2013, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013.

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, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 186,249,247	\$ 161,466,081
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(111,615)</u>	<u>(70,153)</u>
Net assets available for benefits per Form 5500	<u>\$ 186,137,632</u>	<u>\$ 161,395,928</u>

The following is a reconciliation of total investment income on the financial statements to Form 5500 for the year ended December 31, 2013:

Total investment income per the financial statements	\$ 29,360,726
Less: 2013 adjustment from fair value to contract value for fully benefit-responsive investment contracts	(111,615)
Add: 2012 adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>70,153</u>
Total investment income per Form 5500	<u>\$ 29,319,264</u>

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Guaranteed investment contract	TIAA Traditional Annuity Account	N/R	\$ 20,638,532
*	Guaranteed investment contract	VALIC Fixed Account Plus	N/R	7,698,173
*	Pooled separate account	CREF Stock Account	N/R	16,597,449
*	Pooled separate account	CREF Growth Account	N/R	4,380,360
*	Pooled separate account	TIAA Real Estate Account	N/R	3,453,900
*	Pooled separate account	CREF Money Market Account	N/R	3,221,043
*	Pooled separate account	CREF Equity Index Account	N/R	2,881,123
*	Pooled separate account	CREF Global Equities Account	N/R	2,697,400
*	Pooled separate account	CREF Bond Market Account	N/R	2,378,746
*	Pooled separate account	CREF Social Choice Account	N/R	1,636,095
*	Pooled separate account	VALIC Stock Index Fund	N/R	1,250,888
*	Pooled separate account	CREF Inflation-Linked Bond Account	N/R	1,207,746
*	Pooled separate account	VALIC Growth Fund	N/R	824,126
*	Pooled separate account	VALIC Science & Technology Fund	N/R	823,817
*	Pooled separate account	VALIC Vanguard Windsor II	N/R	802,600
*	Pooled separate account	VALIC Mid Cap Index Fund	N/R	757,547
*	Pooled separate account	VALIC Core Equity Fund	N/R	457,313
*	Pooled separate account	VALIC Small Cap Fund	N/R	415,396
*	Pooled separate account	VALIC Vanguard Wellington Fund, Inc.	N/R	404,508
*	Pooled separate account	VALIC Vanguard LT Inv-Grade Fund	N/R	356,146
*	Pooled separate account	VALIC Foreign Value	N/R	327,312
*	Pooled separate account	VALIC International Growth Fund	N/R	302,435
*	Pooled separate account	VALIC Small Cap Index Fund	N/R	290,263
*	Pooled separate account	VALIC Mid Cap Value Fund	N/R	281,690
*	Pooled separate account	VALIC Mid Cap Strategic Growth	N/R	280,926
*	Pooled separate account	VALIC Vanguard Long-Term Treasury	N/R	271,330
*	Pooled separate account	VALIC Dividend Value	N/R	261,354
*	Pooled separate account	VALIC Large Capital Growth	N/R	236,846
*	Pooled separate account	VALIC Small Cap Special Value	N/R	215,708
*	Pooled separate account	VALIC Blue Chip Growth Fund	N/R	190,087
*	Pooled separate account	VALIC Strategic Bond Fund	N/R	183,818
*	Pooled separate account	VALIC Ariel Fund	N/R	162,905
*	Pooled separate account	VALIC Core Bond Fund	N/R	152,880
*	Pooled separate account	VALIC Ariel Appreciation Fund	N/R	144,042
*	Pooled separate account	VALIC International Equities Fund	N/R	139,152
*	Pooled separate account	VALIC Socially Responsible Fund	N/R	135,427
*	Pooled separate account	VALIC Asset Allocation Fund	N/R	116,414
*	Pooled separate account	VALIC Small Cap Growth Fund	N/R	108,524
*	Pooled separate account	VALIC Global Strategy	N/R	103,617
*	Pooled separate account	VALIC Inflation Protected Fund	N/R	94,766
*	Pooled separate account	VALIC Small Cap Value Fund	N/R	82,242
*	Pooled separate account	VALIC Growth & Income Fund	N/R	81,605
*	Pooled separate account	VALIC International Opportunities	N/R	80,518
*	Pooled separate account	VALIC Global Social Awareness Fund	N/R	67,127
*	Pooled separate account	VALIC Nasdaq-100(R) Index Fund	N/R	61,916
*	Pooled separate account	VALIC Health Sciences Fund	N/R	60,771
*	Pooled separate account	VALIC Emerging Economies	N/R	60,181
*	Pooled separate account	VALIC Small Mid Growth Fund	N/R	51,301
*	Pooled separate account	VALIC Government Securities Fund	N/R	50,794
*	Pooled separate account	VALIC Large Cap Core	N/R	40,904
*	Pooled separate account	VALIC High Yield Bond Fund	N/R	32,209
*	Pooled separate account	VALIC Global Real Estate Fund	N/R	32,136
*	Pooled separate account	VALIC Mid Cap Growth Fund	N/R	22,146
*	Pooled separate account	VALIC Broad Cap Value Inc	N/R	20,843
*	Pooled separate account	VALIC Money Market I Fund	N/R	18,823
*	Pooled separate account	VALIC Aggressive Growth Lifestyle	N/R	15,094
*	Pooled separate account	VALIC Value Fund	N/R	14,115
*	Pooled separate account	VALIC Capital Conservation Fund	N/R	11,956
*	Pooled separate account	VALIC Large Cap Value Fund	N/R	8,341

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Pooled separate account	VALIC Money Market II Fund	N/R	6,833
*	Pooled separate account	VALIC Small Cap Aggressive Growth Fund	N/R	3,680
*	Mutual fund	Fidelity Freedom 2020 Fund	N/R	5,624,030
*	Mutual fund	Fidelity Magellan	N/R	4,908,109
*	Mutual fund	Fidelity Contrafund	N/R	4,885,611
*	Mutual fund	Fidelity Freedom 2040 Fund	N/R	3,793,695
*	Mutual fund	Fidelity Freedom 2030 Fund	N/R	3,731,402
*	Mutual fund	Fidelity Freedom 2035 Fund	N/R	3,491,412
*	Mutual fund	Fidelity Growth Company	N/R	3,224,816
*	Mutual fund	CREF Institutional Lifecycle Fund 2040	N/R	2,951,240
*	Mutual fund	Fidelity Freedom 2025 Fund	N/R	2,908,725
*	Mutual fund	Fidelity Growth and Income	N/R	2,396,898
*	Mutual fund	Fidelity Blue Chip Growth	N/R	2,127,891
*	Mutual fund	Fidelity Freedom 2015 Fund	N/R	2,003,533
*	Mutual fund	Fidelity Equity Income	N/R	1,740,092
*	Mutual fund	Dreyfus S&P 500 Index	N/R	1,715,149
*	Mutual fund	Fidelity Cash Reserve	N/R	1,653,794
*	Mutual fund	Fidelity Freedom 2045 Fund	N/R	1,626,076
*	Mutual fund	Fidelity Spartan 500 Index	N/R	1,615,541
*	Mutual fund	Fidelity Balanced Fund	N/R	1,584,595
*	Mutual fund	CREF Institutional Lifecycle Fund 2035	N/R	1,521,054
*	Mutual fund	CREF International Equity Fund	N/R	1,492,241
*	Mutual fund	Fidelity Retirement Money Market	N/R	1,337,554
*	Mutual fund	CREF Mid-Cap Value Fund	N/R	1,325,859
*	Mutual fund	CREF Large-Cap Value Fund	N/R	1,325,822
*	Mutual fund	Fidelity OTC Portfolio	N/R	1,255,905
*	Mutual fund	Fidelity Total Bond	N/R	1,119,350
*	Mutual fund	Fidelity Puritan Fund	N/R	1,087,400
*	Mutual fund	Fidelity Freedom 2050 Fund	N/R	1,053,398
*	Mutual fund	American Funds Growth Fund R4	N/R	1,038,770
*	Mutual fund	Dreyfus Bond Market Index Investment	N/R	922,308
*	Mutual fund	Dreyfus Small Cap Stock Index	N/R	922,077
*	Mutual fund	Fidelity Diversified International	N/R	883,326
*	Mutual fund	American Beacon Large Cap Value Inv	N/R	837,303
*	Mutual fund	Fidelity Value Fund	N/R	809,225
*	Mutual fund	CREF Growth and Income	N/R	805,241
*	Mutual fund	Fidelity Freedom Income	N/R	799,014
*	Mutual fund	Fidelity Asset Manager 50%	N/R	790,966
*	Mutual fund	CREF Small-Cap Equity Fund	N/R	790,245
*	Mutual fund	Fidelity Equity Div Income	N/R	786,251
*	Mutual fund	Fidelity Fidelity Fund	N/R	779,070
*	Mutual fund	Dreyfus Midcap Index	N/R	776,205
*	Mutual fund	CREF Institutional Lifecycle Fund 2015	N/R	772,735
*	Mutual fund	Fidelity Asset Manager 70%	N/R	755,782
*	Mutual fund	Fidelity International Discovery	N/R	742,801
*	Mutual fund	CREF S&P 500 Index Fund	N/R	730,070
*	Mutual fund	Fidelity Low Priced Stock	N/R	720,795
*	Mutual fund	Fidelity Overseas Fund	N/R	683,787
*	Mutual fund	American Funds EuroPacific Growth R4	N/R	652,178
*	Mutual fund	CREF Mid-Cap Growth Fund	N/R	646,725
*	Mutual fund	American Funds American Balanced R4	N/R	634,596
*	Mutual fund	Fidelity Independence Fund	N/R	633,829
*	Mutual fund	Fidelity Freedom 2010 Fund	N/R	627,794
*	Mutual fund	Fidelity Spartan Total Market Index	N/R	624,195
*	Mutual fund	Fidelity Capital Appreciation Fund	N/R	590,670
*	Mutual fund	Fidelity Select Gold	N/R	590,216
*	Mutual fund	Victory Established Value R	N/R	570,214
*	Mutual fund	Fidelity Leveraged Co Stock	N/R	566,710
*	Mutual fund	Columbia Small Cap Value II Z	N/R	494,411

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Capital & Income Fund	N/R	487,076
*	Mutual fund	CREF Institutional Lifecycle Fund 2030	N/R	468,216
*	Mutual fund	Fidelity Investment Grade Bond	N/R	448,069
*	Mutual fund	Fidelity Small Cap Discovery	N/R	436,958
*	Mutual fund	CREF Social Choice Equity Fund	N/R	435,625
*	Mutual fund	CREF Institutional Lifecycle Fund 2025	N/R	432,069
*	Mutual fund	PIMCO Total Retirement A	N/R	429,497
*	Mutual fund	Fidelity Mid Cap Stock	N/R	428,132
*	Mutual fund	Fidelity Spartan US Bond Index ADV	N/R	427,848
*	Mutual fund	American Funds Capital World Global R4	N/R	416,600
*	Mutual fund	Fidelity Intermediate Bond Fund	N/R	409,649
*	Mutual fund	Fidelity Spartan International Index Fund	N/R	409,292
*	Mutual fund	Fidelity Select Technology Portfolio	N/R	406,615
*	Mutual fund	CREF Institutional Lifecycle Fund 2020	N/R	392,217
*	Mutual fund	CREF Institutional Lifecycle Fund 2010	N/R	383,003
*	Mutual fund	Fidelity Asset Manager 85%	N/R	375,359
*	Mutual fund	Fidelity Select Biotechnology Portfolio	N/R	373,246
*	Mutual fund	Fidelity New Millenium	N/R	372,325
*	Mutual fund	Fidelity Money Market	N/R	350,446
*	Mutual fund	Fidelity Strategic Income	N/R	339,636
*	Mutual fund	Fidelity Disciplined Equity Fund	N/R	324,523
*	Mutual fund	Fidelity Select Money Market	N/R	318,340
*	Mutual fund	Fidelity Select Healthcare Portfolio	N/R	307,574
*	Mutual fund	Fidelity Dividend Growth Fund	N/R	306,041
*	Mutual fund	CREF Institutional Lifecycle Fund 2045	N/R	301,991
*	Mutual fund	CREF Real Estate Securities Fund	N/R	296,233
*	Mutual fund	Fidelity International Growth	N/R	288,877
*	Mutual fund	Dreyfus International Stock Index	N/R	280,143
*	Mutual fund	Fidelity CONSV INC BD	N/R	278,816
*	Mutual fund	Fidelity Select Defense Portfolio	N/R	277,661
*	Mutual fund	American Century Inflation Adjusted Bond Inv	N/R	275,587
*	Mutual fund	Fidelity Spartan Extended Market Index Fund	N/R	274,914
*	Mutual fund	Fidelity US Government Reserve	N/R	272,619
*	Mutual fund	Fidelity Select Natural Resources	N/R	268,634
*	Mutual fund	Fidelity New Markets Inc	N/R	262,288
*	Mutual fund	Fidelity Intermediate Government Income	N/R	262,266
*	Mutual fund	Fidelity Retirement Government Money Market	N/R	261,030
*	Mutual fund	Fidelity Inflation Protected Bond	N/R	259,463
*	Mutual fund	Fidelity Growth Strategies	N/R	258,932
*	Mutual fund	Fidelity Pacific Basin	N/R	256,747
*	Mutual fund	Fidelity Select Medical Equipment & Systems Portfolio	N/R	248,611
*	Mutual fund	Fidelity Asset Manager 20%	N/R	239,153
*	Mutual fund	Fidelity Emerging Markets	N/R	235,801
*	Mutual fund	Fidelity Short-Term Bond Fund	N/R	233,936
*	Mutual fund	Fidelity Stock Selector Small Cap	N/R	232,948
*	Mutual fund	Fidelity Real Estate Investment Portfolio	N/R	232,874
*	Mutual fund	Fidelity Freedom 2005 Fund	N/R	231,756
*	Mutual fund	Fidelity Real Estate Income	N/R	229,657
*	Mutual fund	Fidelity Select Medical Delivery	N/R	212,163
*	Mutual fund	Fidelity China Region	N/R	210,529
*	Mutual fund	Fidelity Stock Selector Lg Cap Value	N/R	207,414
*	Mutual fund	Fidelity Ginnie Mae Fund	N/R	187,985
*	Mutual fund	Fidelity Select Materials	N/R	181,272
*	Mutual fund	Fidelity Select Energy	N/R	178,213
*	Mutual fund	Fidelity Select Pharmaceutical Portfolio	N/R	166,889
*	Mutual fund	JP Morgan Diversified Mid Cap Growth Sel	N/R	166,100
*	Mutual fund	Invesco High Yield R5	N/R	165,709
*	Mutual fund	Fidelity Mid Cap Value	N/R	161,022
*	Mutual fund	Fidelity Asset Manager 60%	N/R	157,293
*	Mutual fund	Fidelity Small Cap Stock Fund	N/R	156,551

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Mortgage Securities Fund	N/R	154,302
*	Mutual fund	JP Morgan Disciplined Equity A	N/R	152,781
*	Mutual fund	Fidelity Export & Multinational	N/R	149,805
*	Mutual fund	Fidelity Europe Capital Appreciation	N/R	147,790
*	Mutual fund	Fidelity Select Consumer Staples	N/R	147,192
*	Mutual fund	LeggMason Clrbriidg Small Cap Growth A	N/R	144,297
*	Mutual fund	Fidelity Small Cap Value	N/R	143,929
*	Mutual fund	Fidelity Strategic Dividend & Income	N/R	136,896
*	Mutual fund	Fidelity High Income Fund	N/R	129,451
*	Mutual fund	Fidelity US Treasury Money Market	N/R	127,725
*	Mutual fund	Fidelity Four in One Index	N/R	120,496
*	Mutual fund	Fidelity Select Communications Equipment	N/R	118,542
*	Mutual fund	Fidelity LC Core Enh Index	N/R	116,717
*	Mutual fund	Fidelity Mega Cap Stock	N/R	113,830
*	Mutual fund	Fidelity Select Chemicals	N/R	110,347
*	Mutual fund	Fidelity Trend Fund	N/R	109,201
*	Mutual fund	Fidelity Mid Cap Enhanced Index	N/R	108,355
*	Mutual fund	Neubergber Real Estate Trust	N/R	106,837
*	Mutual fund	Fidelity Select IT Services	N/R	106,184
*	Mutual fund	Fidelity Floating Rate High Income	N/R	102,794
*	Mutual fund	Fidelity Select Construction & Housing	N/R	102,020
*	Mutual fund	Fidelity Value Discovery	N/R	97,420
*	Mutual fund	Fidelity Growth Discovery	N/R	93,667
*	Mutual fund	Fidelity Focused Stock	N/R	93,591
*	Mutual fund	Fidelity Government Income	N/R	85,207
*	Mutual fund	T. Rowe Price Retirement Fund 2040 Advance	N/R	78,893
*	Mutual fund	CREF Institutional Lifecycle Fund 2050	N/R	75,061
*	Mutual fund	Fidelity Fifty	N/R	73,567
*	Mutual fund	Fidelity International Capital Appreciation	N/R	71,429
*	Mutual fund	Fidelity International Small Cap	N/R	68,614
*	Mutual fund	Fidelity Canada	N/R	67,568
*	Mutual fund	T. Rowe Price Fund 2020 Advance	N/R	66,352
*	Mutual fund	Fidelity Emerging Asia	N/R	64,466
*	Mutual fund	Fidelity Select Energy Services Portfolio	N/R	63,957
*	Mutual fund	Fidelity Latin America	N/R	63,413
*	Mutual fund	Fidelity Blue Chip Value	N/R	62,803
*	Mutual fund	Fidelity Value Strategies	N/R	62,512
*	Mutual fund	Fidelity Telecommunications & Utilities	N/R	61,602
*	Mutual fund	Fidelity Europe Fund	N/R	59,997
*	Mutual fund	Fidelity Select Software	N/R	59,702
*	Mutual fund	Fidelity Select Electronic Portfolio	N/R	53,628
*	Mutual fund	Fidelity Spartan International Trade Index Fund	N/R	52,920
*	Mutual fund	Fidelity Large Cap Stock	N/R	52,908
*	Mutual fund	Fidelity Total International Equity	N/R	50,698
*	Mutual fund	Fidelity LC Growth Enh Index	N/R	49,148
*	Mutual fund	Fidelity Select Computer Portfolio	N/R	49,113
*	Mutual fund	Fidelity Freedom 2000 Fund	N/R	48,361
*	Mutual fund	Fidelity Small Cap Growth	N/R	47,554
*	Mutual fund	T. Rowe Price Retirement Fund 2030 Advance	N/R	45,869
*	Mutual fund	Fidelity Select Utilities	N/R	44,202
*	Mutual fund	Fidelity Stock Select Mid Cap	N/R	42,502
*	Mutual fund	Fidelity Worldwide Fund	N/R	40,611
*	Mutual fund	Fidelity International Small Cap Opp	N/R	38,143
*	Mutual fund	Fidelity International Real Estate	N/R	33,339
*	Mutual fund	Fidelity Government Money Market	N/R	30,796
*	Mutual fund	Fidelity Small Cap Enhanced Index	N/R	26,419
*	Mutual fund	Fidelity Global Commodity Stock	N/R	24,690
*	Mutual fund	CREF Institutional Lifecycle Fund 2055	N/R	24,430
*	Mutual fund	Fidelity Select Brokerage	N/R	23,137
*	Mutual fund	Fidelity Select Environment Alt Energy	N/R	23,015

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Strategic Real Return	N/R	21,354
*	Mutual fund	Fidelity LC Value Enh Index	N/R	19,905
*	Mutual fund	Fidelity Ultrashort Bond	N/R	18,900
*	Mutual fund	Fidelity Select Natural Gas	N/R	18,229
*	Mutual fund	Fidelity Focused High Income	N/R	16,326
*	Mutual fund	Fidelity Spartan Short Term Trade Index Fund	N/R	15,546
*	Mutual fund	Fidelity Global Balanced	N/R	14,976
*	Mutual fund	Fidelity Select Leisure	N/R	13,831
*	Mutual fund	American Century Cap Pres Money Market Investment	N/R	13,733
*	Mutual fund	American Century Real Estate Inv	N/R	11,500
*	Mutual fund	Fidelity Spartan Long Term Trade Index Fund	N/R	11,246
*	Mutual fund	Fidelity Emerging Europe, Middle East, and Africa	N/R	10,081
*	Mutual fund	Fidelity Select Wireless	N/R	7,435
*	Mutual fund	Fidelity SPTN Inflation Price Index Adv	N/R	7,246
*	Mutual fund	Fidelity International Enhanced Index	N/R	6,846
*	Mutual fund	Fidelity Global Strategies	N/R	5,685
*	Mutual fund	Fidelity Select Multimedia	N/R	4,526
*	Mutual fund	Fidelity Select Insurance	N/R	4,360
*	Mutual fund	Fidelity Select Industrials	N/R	3,862
*	Mutual fund	Fidelity Convertible Securities	N/R	3,798
*	Mutual fund	Fidelity Nasdaq Comp Index	N/R	3,506
*	Mutual fund	Fidelity Select Automotive	N/R	3,035
*	Mutual fund	T. Rowe Price Retirement Income Advance	N/R	2,894
*	Mutual fund	Fidelity Select Industrial Equipment	N/R	2,733
*	Mutual fund	Fidelity Select Banking	N/R	110
*	Mutual fund	Fidelity Select Financial	N/R	97
*	Mutual fund	Fidelity Select Consumer Discretionary	N/R	4
				<u>\$ 186,137,632</u>

* A party in interest as defined by ERISA
N/R - cost omitted for participant directed investments

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Guaranteed investment contract	TIAA Traditional Annuity Account	N/R	\$ 20,638,532
*	Guaranteed investment contract	VALIC Fixed Account Plus	N/R	7,698,173
*	Pooled separate account	CREF Stock Account	N/R	16,597,449
*	Pooled separate account	CREF Growth Account	N/R	4,380,360
*	Pooled separate account	TIAA Real Estate Account	N/R	3,453,900
*	Pooled separate account	CREF Money Market Account	N/R	3,221,043
*	Pooled separate account	CREF Equity Index Account	N/R	2,881,123
*	Pooled separate account	CREF Global Equities Account	N/R	2,697,400
*	Pooled separate account	CREF Bond Market Account	N/R	2,378,746
*	Pooled separate account	CREF Social Choice Account	N/R	1,636,095
*	Pooled separate account	VALIC Stock Index Fund	N/R	1,250,888
*	Pooled separate account	CREF Inflation-Linked Bond Account	N/R	1,207,746
*	Pooled separate account	VALIC Growth Fund	N/R	824,126
*	Pooled separate account	VALIC Science & Technology Fund	N/R	823,817
*	Pooled separate account	VALIC Vanguard Windsor II	N/R	802,600
*	Pooled separate account	VALIC Mid Cap Index Fund	N/R	757,547
*	Pooled separate account	VALIC Core Equity Fund	N/R	457,313
*	Pooled separate account	VALIC Small Cap Fund	N/R	415,396
*	Pooled separate account	VALIC Vanguard Wellington Fund, Inc.	N/R	404,508
*	Pooled separate account	VALIC Vanguard LT Inv-Grade Fund	N/R	356,146
*	Pooled separate account	VALIC Foreign Value	N/R	327,312
*	Pooled separate account	VALIC International Growth Fund	N/R	302,435
*	Pooled separate account	VALIC Small Cap Index Fund	N/R	290,263
*	Pooled separate account	VALIC Mid Cap Value Fund	N/R	281,690
*	Pooled separate account	VALIC Mid Cap Strategic Growth	N/R	280,926
*	Pooled separate account	VALIC Vanguard Long-Term Treasury	N/R	271,330
*	Pooled separate account	VALIC Dividend Value	N/R	261,354
*	Pooled separate account	VALIC Large Capital Growth	N/R	236,846
*	Pooled separate account	VALIC Small Cap Special Value	N/R	215,708
*	Pooled separate account	VALIC Blue Chip Growth Fund	N/R	190,087
*	Pooled separate account	VALIC Strategic Bond Fund	N/R	183,818
*	Pooled separate account	VALIC Ariel Fund	N/R	162,905
*	Pooled separate account	VALIC Core Bond Fund	N/R	152,880
*	Pooled separate account	VALIC Ariel Appreciation Fund	N/R	144,042
*	Pooled separate account	VALIC International Equities Fund	N/R	139,152
*	Pooled separate account	VALIC Socially Responsible Fund	N/R	135,427
*	Pooled separate account	VALIC Asset Allocation Fund	N/R	116,414
*	Pooled separate account	VALIC Small Cap Growth Fund	N/R	108,524
*	Pooled separate account	VALIC Global Strategy	N/R	103,617
*	Pooled separate account	VALIC Inflation Protected Fund	N/R	94,766
*	Pooled separate account	VALIC Small Cap Value Fund	N/R	82,242
*	Pooled separate account	VALIC Growth & Income Fund	N/R	81,605
*	Pooled separate account	VALIC International Opportunities	N/R	80,518
*	Pooled separate account	VALIC Global Social Awareness Fund	N/R	67,127
*	Pooled separate account	VALIC Nasdaq-100(R) Index Fund	N/R	61,916
*	Pooled separate account	VALIC Health Sciences Fund	N/R	60,771
*	Pooled separate account	VALIC Emerging Economies	N/R	60,181
*	Pooled separate account	VALIC Small Mid Growth Fund	N/R	51,301
*	Pooled separate account	VALIC Government Securities Fund	N/R	50,794
*	Pooled separate account	VALIC Large Cap Core	N/R	40,904
*	Pooled separate account	VALIC High Yield Bond Fund	N/R	32,209
*	Pooled separate account	VALIC Global Real Estate Fund	N/R	32,136
*	Pooled separate account	VALIC Mid Cap Growth Fund	N/R	22,146
*	Pooled separate account	VALIC Broad Cap Value Inc	N/R	20,843
*	Pooled separate account	VALIC Money Market I Fund	N/R	18,823
*	Pooled separate account	VALIC Aggressive Growth Lifestyle	N/R	15,094
*	Pooled separate account	VALIC Value Fund	N/R	14,115
*	Pooled separate account	VALIC Capital Conservation Fund	N/R	11,956
*	Pooled separate account	VALIC Large Cap Value Fund	N/R	8,341

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Pooled separate account	VALIC Money Market II Fund	N/R	6,833
*	Pooled separate account	VALIC Small Cap Aggressive Growth Fund	N/R	3,680
*	Mutual fund	Fidelity Freedom 2020 Fund	N/R	5,624,030
*	Mutual fund	Fidelity Magellan	N/R	4,908,109
*	Mutual fund	Fidelity Contrafund	N/R	4,885,611
*	Mutual fund	Fidelity Freedom 2040 Fund	N/R	3,793,695
*	Mutual fund	Fidelity Freedom 2030 Fund	N/R	3,731,402
*	Mutual fund	Fidelity Freedom 2035 Fund	N/R	3,491,412
*	Mutual fund	Fidelity Growth Company	N/R	3,224,816
*	Mutual fund	CREF Institutional Lifecycle Fund 2040	N/R	2,951,240
*	Mutual fund	Fidelity Freedom 2025 Fund	N/R	2,908,725
*	Mutual fund	Fidelity Growth and Income	N/R	2,396,898
*	Mutual fund	Fidelity Blue Chip Growth	N/R	2,127,891
*	Mutual fund	Fidelity Freedom 2015 Fund	N/R	2,003,533
*	Mutual fund	Fidelity Equity Income	N/R	1,740,092
*	Mutual fund	Dreyfus S&P 500 Index	N/R	1,715,149
*	Mutual fund	Fidelity Cash Reserve	N/R	1,653,794
*	Mutual fund	Fidelity Freedom 2045 Fund	N/R	1,626,076
*	Mutual fund	Fidelity Spartan 500 Index	N/R	1,615,541
*	Mutual fund	Fidelity Balanced Fund	N/R	1,584,595
*	Mutual fund	CREF Institutional Lifecycle Fund 2035	N/R	1,521,054
*	Mutual fund	CREF International Equity Fund	N/R	1,492,241
*	Mutual fund	Fidelity Retirement Money Market	N/R	1,337,554
*	Mutual fund	CREF Mid-Cap Value Fund	N/R	1,325,859
*	Mutual fund	CREF Large-Cap Value Fund	N/R	1,325,822
*	Mutual fund	Fidelity OTC Portfolio	N/R	1,255,905
*	Mutual fund	Fidelity Total Bond	N/R	1,119,350
*	Mutual fund	Fidelity Puritan Fund	N/R	1,087,400
*	Mutual fund	Fidelity Freedom 2050 Fund	N/R	1,053,398
*	Mutual fund	American Funds Growth Fund R4	N/R	1,038,770
*	Mutual fund	Dreyfus Bond Market Index Investment	N/R	922,308
*	Mutual fund	Dreyfus Small Cap Stock Index	N/R	922,077
*	Mutual fund	Fidelity Diversified International	N/R	883,326
*	Mutual fund	American Beacon Large Cap Value Inv	N/R	837,303
*	Mutual fund	Fidelity Value Fund	N/R	809,225
*	Mutual fund	CREF Growth and Income	N/R	805,241
*	Mutual fund	Fidelity Freedom Income	N/R	799,014
*	Mutual fund	Fidelity Asset Manager 50%	N/R	790,966
*	Mutual fund	CREF Small-Cap Equity Fund	N/R	790,245
*	Mutual fund	Fidelity Equity Div Income	N/R	786,251
*	Mutual fund	Fidelity Fidelity Fund	N/R	779,070
*	Mutual fund	Dreyfus Midcap Index	N/R	776,205
*	Mutual fund	CREF Institutional Lifecycle Fund 2015	N/R	772,735
*	Mutual fund	Fidelity Asset Manager 70%	N/R	755,782
*	Mutual fund	Fidelity International Discovery	N/R	742,801
*	Mutual fund	CREF S&P 500 Index Fund	N/R	730,070
*	Mutual fund	Fidelity Low Priced Stock	N/R	720,795
*	Mutual fund	Fidelity Overseas Fund	N/R	683,787
*	Mutual fund	American Funds EuroPacific Growth R4	N/R	652,178
*	Mutual fund	CREF Mid-Cap Growth Fund	N/R	646,725
*	Mutual fund	American Funds American Balanced R4	N/R	634,596
*	Mutual fund	Fidelity Independence Fund	N/R	633,829
*	Mutual fund	Fidelity Freedom 2010 Fund	N/R	627,794
*	Mutual fund	Fidelity Spartan Total Market Index	N/R	624,195
*	Mutual fund	Fidelity Capital Appreciation Fund	N/R	590,670
*	Mutual fund	Fidelity Select Gold	N/R	590,216
*	Mutual fund	Victory Established Value R	N/R	570,214
*	Mutual fund	Fidelity Leveraged Co Stock	N/R	566,710
*	Mutual fund	Columbia Small Cap Value II Z	N/R	494,411

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Capital & Income Fund	N/R	487,076
*	Mutual fund	CREF Institutional Lifecycle Fund 2030	N/R	468,216
*	Mutual fund	Fidelity Investment Grade Bond	N/R	448,069
*	Mutual fund	Fidelity Small Cap Discovery	N/R	436,958
*	Mutual fund	CREF Social Choice Equity Fund	N/R	435,625
*	Mutual fund	CREF Institutional Lifecycle Fund 2025	N/R	432,069
*	Mutual fund	PIMCO Total Retirement A	N/R	429,497
*	Mutual fund	Fidelity Mid Cap Stock	N/R	428,132
*	Mutual fund	Fidelity Spartan US Bond Index ADV	N/R	427,848
*	Mutual fund	American Funds Capital World Global R4	N/R	416,600
*	Mutual fund	Fidelity Intermediate Bond Fund	N/R	409,649
*	Mutual fund	Fidelity Spartan International Index Fund	N/R	409,292
*	Mutual fund	Fidelity Select Technology Portfolio	N/R	406,615
*	Mutual fund	CREF Institutional Lifecycle Fund 2020	N/R	392,217
*	Mutual fund	CREF Institutional Lifecycle Fund 2010	N/R	383,003
*	Mutual fund	Fidelity Asset Manager 85%	N/R	375,359
*	Mutual fund	Fidelity Select Biotechnology Portfolio	N/R	373,246
*	Mutual fund	Fidelity New Millenium	N/R	372,325
*	Mutual fund	Fidelity Money Market	N/R	350,446
*	Mutual fund	Fidelity Strategic Income	N/R	339,636
*	Mutual fund	Fidelity Disciplined Equity Fund	N/R	324,523
*	Mutual fund	Fidelity Select Money Market	N/R	318,340
*	Mutual fund	Fidelity Select Healthcare Portfolio	N/R	307,574
*	Mutual fund	Fidelity Dividend Growth Fund	N/R	306,041
*	Mutual fund	CREF Institutional Lifecycle Fund 2045	N/R	301,991
*	Mutual fund	CREF Real Estate Securities Fund	N/R	296,233
*	Mutual fund	Fidelity International Growth	N/R	288,877
*	Mutual fund	Dreyfus International Stock Index	N/R	280,143
*	Mutual fund	Fidelity CONSV INC BD	N/R	278,816
*	Mutual fund	Fidelity Select Defense Portfolio	N/R	277,661
*	Mutual fund	American Century Inflation Adjusted Bond Inv	N/R	275,587
*	Mutual fund	Fidelity Spartan Extended Market Index Fund	N/R	274,914
*	Mutual fund	Fidelity US Government Reserve	N/R	272,619
*	Mutual fund	Fidelity Select Natural Resources	N/R	268,634
*	Mutual fund	Fidelity New Markets Inc	N/R	262,288
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*	Mutual fund	Fidelity Asset Manager 20%	N/R	239,153
*	Mutual fund	Fidelity Emerging Markets	N/R	235,801
*	Mutual fund	Fidelity Short-Term Bond Fund	N/R	233,936
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*	Mutual fund	Fidelity Select Energy	N/R	178,213
*	Mutual fund	Fidelity Select Pharmaceutical Portfolio	N/R	166,889
*	Mutual fund	JP Morgan Diversified Mid Cap Growth Sel	N/R	166,100
*	Mutual fund	Invesco High Yield R5	N/R	165,709
*	Mutual fund	Fidelity Mid Cap Value	N/R	161,022
*	Mutual fund	Fidelity Asset Manager 60%	N/R	157,293
*	Mutual fund	Fidelity Small Cap Stock Fund	N/R	156,551

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Mortgage Securities Fund	N/R	154,302
*	Mutual fund	JP Morgan Disciplined Equity A	N/R	152,781
*	Mutual fund	Fidelity Export & Multinational	N/R	149,805
*	Mutual fund	Fidelity Europe Capital Appreciation	N/R	147,790
*	Mutual fund	Fidelity Select Consumer Staples	N/R	147,192
*	Mutual fund	LeggMason Clrbridg Small Cap Growth A	N/R	144,297
*	Mutual fund	Fidelity Small Cap Value	N/R	143,929
*	Mutual fund	Fidelity Strategic Dividend & Income	N/R	136,896
*	Mutual fund	Fidelity High Income Fund	N/R	129,451
*	Mutual fund	Fidelity US Treasury Money Market	N/R	127,725
*	Mutual fund	Fidelity Four in One Index	N/R	120,496
*	Mutual fund	Fidelity Select Communications Equipment	N/R	118,542
*	Mutual fund	Fidelity LC Core Enh Index	N/R	116,717
*	Mutual fund	Fidelity Mega Cap Stock	N/R	113,830
*	Mutual fund	Fidelity Select Chemicals	N/R	110,347
*	Mutual fund	Fidelity Trend Fund	N/R	109,201
*	Mutual fund	Fidelity Mid Cap Enhanced Index	N/R	108,355
*	Mutual fund	Neubergber Real Estate Trust	N/R	106,837
*	Mutual fund	Fidelity Select IT Services	N/R	106,184
*	Mutual fund	Fidelity Floating Rate High Income	N/R	102,794
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*	Mutual fund	CREF Institutional Lifecycle Fund 2050	N/R	75,061
*	Mutual fund	Fidelity Fifty	N/R	73,567
*	Mutual fund	Fidelity International Capital Appreciation	N/R	71,429
*	Mutual fund	Fidelity International Small Cap	N/R	68,614
*	Mutual fund	Fidelity Canada	N/R	67,568
*	Mutual fund	T. Rowe Price Fund 2020 Advance	N/R	66,352
*	Mutual fund	Fidelity Emerging Asia	N/R	64,466
*	Mutual fund	Fidelity Select Energy Services Portfolio	N/R	63,957
*	Mutual fund	Fidelity Latin America	N/R	63,413
*	Mutual fund	Fidelity Blue Chip Value	N/R	62,803
*	Mutual fund	Fidelity Value Strategies	N/R	62,512
*	Mutual fund	Fidelity Telecommunications & Utilities	N/R	61,602
*	Mutual fund	Fidelity Europe Fund	N/R	59,997
*	Mutual fund	Fidelity Select Software	N/R	59,702
*	Mutual fund	Fidelity Select Electronic Portfolio	N/R	53,628
*	Mutual fund	Fidelity Spartan International Trade Index Fund	N/R	52,920
*	Mutual fund	Fidelity Large Cap Stock	N/R	52,908
*	Mutual fund	Fidelity Total International Equity	N/R	50,698
*	Mutual fund	Fidelity LC Growth Enh Index	N/R	49,148
*	Mutual fund	Fidelity Select Computer Portfolio	N/R	49,113
*	Mutual fund	Fidelity Freedom 2000 Fund	N/R	48,361
*	Mutual fund	Fidelity Small Cap Growth	N/R	47,554
*	Mutual fund	T. Rowe Price Retirement Fund 2030 Advance	N/R	45,869
*	Mutual fund	Fidelity Select Utilities	N/R	44,202
*	Mutual fund	Fidelity Stock Select Mid Cap	N/R	42,502
*	Mutual fund	Fidelity Worldwide Fund	N/R	40,611
*	Mutual fund	Fidelity International Small Cap Opp	N/R	38,143
*	Mutual fund	Fidelity International Real Estate	N/R	33,339
*	Mutual fund	Fidelity Government Money Market	N/R	30,796
*	Mutual fund	Fidelity Small Cap Enhanced Index	N/R	26,419
*	Mutual fund	Fidelity Global Commodity Stock	N/R	24,690
*	Mutual fund	CREF Institutional Lifecycle Fund 2055	N/R	24,430
*	Mutual fund	Fidelity Select Brokerage	N/R	23,137
*	Mutual fund	Fidelity Select Environment Alt Energy	N/R	23,015

West Virginia University Medical Corporation Retirement Plan

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

EIN: 55-0492006 Plan Number: 004

December 31, 2013

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Strategic Real Return	N/R	21,354
*	Mutual fund	Fidelity LC Value Enh Index	N/R	19,905
*	Mutual fund	Fidelity Ultrashort Bond	N/R	18,900
*	Mutual fund	Fidelity Select Natural Gas	N/R	18,229
*	Mutual fund	Fidelity Focused High Income	N/R	16,326
*	Mutual fund	Fidelity Spartan Short Term Trade Index Fund	N/R	15,546
*	Mutual fund	Fidelity Global Balanced	N/R	14,976
*	Mutual fund	Fidelity Select Leisure	N/R	13,831
*	Mutual fund	American Century Cap Pres Money Market Investment	N/R	13,733
*	Mutual fund	American Century Real Estate Inv	N/R	11,500
*	Mutual fund	Fidelity Spartan Long Term Trade Index Fund	N/R	11,246
*	Mutual fund	Fidelity Emerging Europe, Middle East, and Africa	N/R	10,081
*	Mutual fund	Fidelity Select Wireless	N/R	7,435
*	Mutual fund	Fidelity SPTN Inflation Price Index Adv	N/R	7,246
*	Mutual fund	Fidelity International Enhanced Index	N/R	6,846
*	Mutual fund	Fidelity Global Strategies	N/R	5,685
*	Mutual fund	Fidelity Select Multimedia	N/R	4,526
*	Mutual fund	Fidelity Select Insurance	N/R	4,360
*	Mutual fund	Fidelity Select Industrials	N/R	3,862
*	Mutual fund	Fidelity Convertible Securities	N/R	3,798
*	Mutual fund	Fidelity Nasdaq Comp Index	N/R	3,506
*	Mutual fund	Fidelity Select Automotive	N/R	3,035
*	Mutual fund	T. Rowe Price Retirement Income Advance	N/R	2,894
*	Mutual fund	Fidelity Select Industrial Equipment	N/R	2,733
*	Mutual fund	Fidelity Select Banking	N/R	110
*	Mutual fund	Fidelity Select Financial	N/R	97
*	Mutual fund	Fidelity Select Consumer Discretionary	N/R	4
				<u>\$ 186,137,632</u>

* A party in interest as defined by ERISA

N/R - cost omitted for participant directed investments