

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
---	--	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information						
1a Name of plan <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION 403(B) 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>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1985</u>			
1b Three-digit plan number (PN) ▶	<u>003</u>						
1c Effective date of plan <u>01/01/1985</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 Plan 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 Plan 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 Plan 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.	10/09/2015	RALPH LAMBERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2015	RALPH LAMBERT
	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		3b Administrator's EIN	
		3c Administrator's telephone number	
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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	1090
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	707
a(2) Total number of active participants at the end of the plan year		6a(2)	770
b Retired or separated participants receiving benefits		6b	8
c Other retired or separated participants entitled to future benefits.....		6c	716
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1494
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	5
f Total. Add lines 6d and 6e		6f	1499
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1319
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2M 2T 2L			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance	(1) ☒ Insurance		
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts		
(3) ☒ Trust	(3) ☒ Trust		
(4) ☐ General assets of the sponsor	(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)		
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)		
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ A (Insurance Information)	4	
	(4) ☒ C (Service Provider Information)		
	(5) ☒ D (DFE/Participating Plan Information)		
	(6) ☐ G (Financial Transaction Schedules)		

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ►	003
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	101764	413	01/01/2014	12/31/2014

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
0	0

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

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

(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	29620579
5 Current value of plan's interest under this contract in separate accounts at year end	5	23305527

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	29934813
---	-----------	----------

c Additions: (1) Contributions deposited during the year.....	7c(1)	102847	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	1353051	
(4) Transferred from separate account.....	7c(4)	6266489	
(5) Other (specify below)	7c(5)	3351	

(6) Total additions..... **7c(6)** 7725738

d Total of balance and additions (add lines 7b and 7c(6))	7d	37660551
---	-----------	----------

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2072239	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)	5967055	
(4) Other (specify below)	7e(4)	678	

(5) Total deductions..... **7e(5)** 8039972

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	29620579
---	-----------	----------

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>2014</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ▶	003
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	101761	314	01/01/2014	12/31/2014

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	6400848
5 Current value of plan's interest under this contract in separate accounts at year end	5	12824291

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	6175447
---	-----------	---------

c Additions: (1) Contributions deposited during the year.....	7c(1)	159517	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	226147	
(4) Transferred from separate account.....	7c(4)	218051	
(5) Other (specify below)	7c(5)	35759	

(6) Total additions.....	7c(6)	639474
--------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	6814921
---	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	387532	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)	26542	
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	414074
---------------------------	--------------	--------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6400847
---	-----------	---------

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/> 2014 <hr/> This Form is Open to Public Inspection
--	---	---

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ►	003
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

VALIC

(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	140	01/01/2014	12/31/2014

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
643	

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	
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	
14			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
DAVID FANT	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	
16			3

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

JERMAINE TAYLOR

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	
22			3

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

GREG MEADOR

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	
23			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	
27			3

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

JOSHUA HUNLEY

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	
28			3

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

CRAIG MCCANN

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	
49			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	
51			3

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

VALERIE VISCONTIE

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	
410			3

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

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

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

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

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

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

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	5861642
5 Current value of plan's interest under this contract in separate accounts at year end	5	6162022

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	5989859
--	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)	10726	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	215083	
(4) Transferred from separate account	7c(4)	297293	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	523102
---------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	6512961
---	-----------	---------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	646623	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	2191	
(4) Other (specify below)	7e(4)	2505	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions	7e(5)	651319
----------------------------	--------------	--------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5861642
---	-----------	---------

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>2014</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ▶	003
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
VALIC

(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	84	01/01/2014	12/31/2014

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** 1241125**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** 1056400**c** Additions: (1) Contributions deposited during the year **7c(1)** 142502(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 25055(4) Transferred from separate account **7c(4)** 114063(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 281620**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1338020**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 95974(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 921(5) Total deductions **7e(5)** 96895**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1241125

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ▶	003
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)
---------------	--

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
VALIC
74-1625348

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

(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 disclosures on eligible indirect compensation

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

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

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

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

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

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

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

(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	6525	Yes ☒ No ☐	Yes ☒ No ☐	0	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 33 65	NONE	12857	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIDELITY INVESTMENTS INSTITU OP CO

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?
37 64 65	RECORDKEEPER	-34083	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, INC

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	1684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

WELLS FARGO ADVISORS

34-1542819

(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?
16	CONSULTANT	2847	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

TIAA-CREF

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?
		150	Yes ☒ No ☐	Yes ☒ No ☐	0	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: PARENTEBEARD LLC	b EIN: 23-2932984
c Position: AUDITOR	
d Address: 20 STANWIX STREET SUITE 800 PITTSBURGH, PA 15222	e Telephone: 412-697-6400

Explanation: EFFECTIVE OCTOBER 1, 2014, PARENTEBEARD LLC MERGED INTO AND BECAME BAKER TILLY VIRCHOW KRAUSE, LLP. THIS WAS NOT A TERMINATION OF AUDITORS; HOWEVER, SUBSEQUENT TO THE PLAN YEAR THERE WAS A CHANGE OF THE NAME AND EIN OF THE AUDITORS DUE TO A MERGER.

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
---	---	---

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<p>A Name of plan <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION 403(B) PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>003</u></p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION</u></p>	<p>D Employer Identification Number (EIN) <u>55-0492006</u></p>	

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

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

b Name of sponsor of entity listed in (a): TIAA-CREF

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>1771708</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):

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION 403(B) PLAN</u>		B Three-digit plan number (PN) ► <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION</u>		D Employer Identification Number (EIN) <u>55-0492006</u>

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)	262763	234181
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	40865740	41082604
(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)	54199654	58224562
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	43112384	43114554
(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	138440541	142655901

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	138440541	142655901
---	-----------	-----------	-----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	19645	
(B) Participants	2a(1)(B)	5640878	
(C) Others (including rollovers)	2a(1)(C)	212703	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5873226

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)	8027	
(F) Other	2b(1)(F)	809067	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		817094

(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)	2985693	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2985693

(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)		2896102
(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)		1980608
c Other income.....	2c		64021
d Total income. Add all income amounts in column (b) and enter total.....	2d		14616744

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10381851	
(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)		10381851
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)	19533	
(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)		19533
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10401384

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4215360
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: **BAKER TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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	
4g			
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	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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	
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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	
4n			

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION</u>	D Employer Identification Number (EIN) <u>55-0492006</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-1624023</u> <u>04-2647786</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete 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
403(b) Plan**

Financial Statements and
Supplementary Information

December 31, 2014 and 2013



BAKER TILLY

Candor. Insight. Results.

West Virginia University Medical Corporation 403(b) Plan

Table of Contents

December 31, 2014 and 2013

	<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)	17

Independent Auditors' Report

Participants and Plan Administrator
West Virginia University Medical Corporation 403(b) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the West Virginia University Medical Corporation 403(b) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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 11, which was certified by Variable Annuity Life Insurance Company, Teachers Insurance and Annuity Association - College Retirement Equities Fund, Fidelity Management Trust Company, and Vanguard Fiduciary Trust Company, 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, 2014 and 2013, and for the year ended December 31, 2014, 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, 2014, 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.

Baker Tilly Virchow Krause, LLP

Pittsburgh, Pennsylvania
October 7, 2015

West Virginia University Medical Corporation 403(b) Plan

Statement of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at fair value	\$ 142,421,720	\$ 138,177,778
Notes receivable from participants	<u>234,181</u>	<u>262,763</u>
Total assets	142,655,901	138,440,541
Liabilities	<u>-</u>	<u>-</u>
Net assets reflecting investments at fair value	142,655,901	138,440,541
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts	<u>9,641</u>	<u>44,136</u>
Net assets available for benefits	<u><u>\$ 142,665,542</u></u>	<u><u>\$ 138,484,677</u></u>

See notes to financial statements

West Virginia University Medical Corporation 403(b) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2014

Additions

Investment income:

Net appreciation in fair value of investments	\$ 4,876,710
Interest and dividends	<u>3,826,372</u>

Total investment income	<u>8,703,082</u>
-------------------------	------------------

Interest income on notes receivable from participants	<u>8,027</u>
---	--------------

Contributions:

Participants	5,640,878
Rollovers	212,703
Employer	<u>19,645</u>

Total contributions	<u>5,873,226</u>
---------------------	------------------

Total additions	<u>14,584,335</u>
-----------------	-------------------

Deductions

Benefits paid to participants	10,381,851
Administrative expenses	<u>21,619</u>

Total deductions	<u>10,403,470</u>
------------------	-------------------

Net increase	4,180,865
--------------	-----------

Net Assets Available for Benefits

Beginning of year	<u>138,484,677</u>
-------------------	--------------------

End of year	<u><u>\$ 142,665,542</u></u>
-------------	------------------------------

See notes to financial statements

West Virginia University Medical Corporation 403(b) Plan

Notes to Financial Statements

December 31, 2014 and 2013

1. Description of the Plan

The following description of the West Virginia University Medical Corporation 403(b) 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 full-time, non-union, non-student employees of West Virginia University Medical Corporation (the "Company"). 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").

Investment Options

The custodians of the Plan are the Teachers Insurance Annuity Association and College Retirement Equity Fund ("TIAA-CREF"), Vanguard Fiduciary Trust Company ("Vanguard"), Variable Annuity Life Insurance Company ("VALIC"), and Fidelity Management Trust Company ("Fidelity"), collectively referred to as "the Custodians." TIAA-CREF, Vanguard, VALIC and Fidelity maintain the investments and provide record-keeping functions for the Plan. Each participant's account, at the direction of the participant, may be invested in any of several investment options offered by the Custodians.

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined by the Plan up to the maximum limits of the Internal Revenue Code ("IRC"). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participant contributions to the Plan are recorded in the period that payroll deductions are made from participants. Participants direct the investment of all contributions into various investment options offered by the Plan. The Plan does not provide for Company contributions. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Plan's earnings, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

West Virginia University Medical Corporation 403(b) Plan

Notes to Financial Statements

December 31, 2014 and 2013

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at rates that range from 3.00 percent to 5.00 percent at December 31, 2014, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through bi-weekly payroll deductions. Terms range from one to five years or greater for the purchase of a primary residence.

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.

2. Summary of Significant Accounting Policies

Basis of Accounting

The 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 guaranteed annuity contracts 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 guaranteed annuity contracts.

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.

West Virginia University Medical Corporation 403(b) Plan

Notes to Financial Statements
December 31, 2014 and 2013

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. Plan management determines the Plan's valuation policies utilizing information provided by the Custodians. 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2014 and 2013.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* ("ASU 2015-07"). ASU 2015-07 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value per share practical expedient under Accounting Standards Codification 820. ASU 2015-07 is effective for the Plan for years beginning after December 15, 2016 with early adoption permitted. Management is currently evaluating the impact of the pending adoption of ASU 2015-07 on the Plan's financial statements.

West Virginia University Medical Corporation 403(b) Plan

Notes to Financial Statements
December 31, 2014 and 2013

In July 2015, the FASB issued Accounting Standards Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts; II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient* ("ASU 2015-12"). Part I of the accounting standards update requires fully-benefit responsive investment contracts to be measured, presented, and disclosed only at contract value. Part II of this update requires that investments (both participant-directed and nonparticipant-directed investments) be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. Part II also eliminates the disclosure of individual investments that represent 5 percent or more of net assets available for benefits and the disclosure of net appreciation or depreciation for investments by general type, requiring only presentation of net appreciation (depreciation) in investments in the aggregate. Additionally, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is a fund that files a U.S. Department of Labor Form 5500, as a direct filing entity, disclosure of that investment's strategy is no longer required. Part III of the update permits plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. The amendments in ASU 2015-12 are effective for fiscal years beginning after December 15, 2015, with early application permitted. The amendments within Parts I and II require retrospective application; whereas, the amendments within Part III should be applied prospectively. Management is currently evaluating the impact of the pending adoption of ASU 2015-12 on the Plan's financial statements.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 7, 2015, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

West Virginia University Medical Corporation 403(b) Plan

Notes to Financial Statements

December 31, 2014 and 2013

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observables and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

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

The 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 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.

West Virginia University Medical Corporation 403(b) Plan

Notes to Financial Statements

December 31, 2014 and 2013

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 and services, manufacturing and materials, healthcare, financial, energy, utilities, and short-term investments.

The guaranteed annuity 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, 2014, TIAA-CREF's credit ratings were as follows: A++ by A.M. Best Company, AAA by Fitch Ratings, Aa1 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 403(b) Plan

Notes to Financial Statements

December 31, 2014 and 2013

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Target date funds	\$ 17,071,274	\$ -	\$ -	\$ 17,071,274
Growth funds	10,466,844	-	-	10,466,844
Equity funds	10,604,996	-	-	10,604,996
Index funds	7,600,196	-	-	7,600,196
International funds	3,629,261	-	-	3,629,261
Value funds	3,672,993	-	-	3,672,993
Fixed income funds	1,827,937	-	-	1,827,937
Balanced funds	1,311,716	-	-	1,311,716
Bond funds	1,088,800	-	-	1,088,800
Money market funds	950,545	-	-	950,545
Pooled separate accounts:				
Equity funds	-	32,382,886	-	32,382,886
Growth funds	-	3,616,660	-	3,616,660
Fixed income funds	-	2,432,391	-	2,432,391
Index funds	-	1,320,101	-	1,320,101
Money market funds	-	1,055,020	-	1,055,020
International funds	-	275,546	-	275,546
Guaranteed annuity contracts	-	-	43,114,554	43,114,554
Total assets at fair value	\$ 58,224,562	\$ 41,082,604	\$ 43,114,554	\$ 142,421,720

West Virginia University Medical Corporation 403(b) Plan

Notes to Financial Statements
December 31, 2014 and 2013

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Target date funds	\$ 14,575,675	\$ -	\$ -	\$ 14,575,675
Growth funds	10,094,146	-	-	10,094,146
Equity funds	10,017,318	-	-	10,017,318
Index funds	6,794,054	-	-	6,794,054
International funds	3,777,141	-	-	3,777,141
Value funds	3,665,171	-	-	3,665,171
Fixed income funds	1,727,731	-	-	1,727,731
Balanced funds	1,274,513	-	-	1,274,513
Bond funds	1,262,360	-	-	1,262,360
Money market funds	1,011,545	-	-	1,011,545
Pooled separate accounts:				
Equity funds	-	31,887,704	-	31,887,704
Growth funds	-	3,758,875	-	3,758,875
Fixed income funds	-	2,268,779	-	2,268,779
Index funds	-	1,297,865	-	1,297,865
Money market funds	-	1,279,521	-	1,279,521
International funds	-	372,996	-	372,996
Guaranteed annuity contracts	-	-	43,112,384	43,112,384
Total assets at fair value	\$ 54,199,654	\$ 40,865,740	\$ 43,112,384	\$ 138,177,778

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, 2014:

	Guaranteed Annuity Contracts
Beginning balance	\$ 43,112,384
Contributions	418,008
Interest	1,819,339
Withdrawals	(3,203,151)
Unrealized gains related to instruments still held at the reporting date	34,494
Transfers	936,906
Fees	(3,426)
Ending balance	\$ 43,114,554

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 403(b) Plan

Notes to Financial Statements

December 31, 2014 and 2013

The following table sets forth quantitative information about significant unobservable inputs used in determining the fair value of the guaranteed annuity contracts as of December 31, 2014 and 2013:

Instrument	Fair Value December 31, 2014	Fair Value December 31, 2013	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values
Guaranteed annuity contracts	\$ 43,114,554	\$ 43,112,384	Discounted cash flow	Risk-adjusted discount rate	1.65% - 5.00%

4. Investments

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

	2014	2013
TIAA Traditional Annuity Account	\$ 36,021,428	\$ 36,110,262
CREF Stock Account	22,880,601	22,975,292
VALIC Fixed Account Plus	*	7,002,122

*Investment did not represent 5 percent of the Plan's net assets.

During 2014, 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 \$1,980,608 and \$2,896,102, respectively.

5. Guaranteed Annuity Contracts with Insurance Companies

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

Plan participants may enter into these contractual agreements with TIAA-CREF through the Plan by selecting a TIAA Account or with VALIC by selecting the VALIC Fixed Account Plus. Annuity contracts offered through the TIAA Account consist of: 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 403(b) Plan

Notes to Financial Statements

December 31, 2014 and 2013

As described in Note 2, because the SRA and GSRA annuity 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 annuity 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 annuity 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 annuity 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, with market value adjustments, if significant.

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 guarantee annuity contracts. The guaranteed annuity 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, 2014 and 2013, depending on the period in which the contribution was made:

	2014	2013
TIAA Account:		
Retirement Annuity (RA)	3.25% - 4.75%	3.25% - 5.00%
Group Retirement Annuity (GRA)	3.25% - 4.75%	3.25% - 5.00%
Supplemental Retirement Annuity (SRA)	3.00% - 4.00%	3.00% - 4.25%
Group Supplemental Retirement Annuity (GSRA)	3.00% - 4.00%	3.00% - 4.25%
VALIC Fixed Account Plus	1.65% - 2.80%	1.50% - 2.80%

West Virginia University Medical Corporation 403(b) Plan

Notes to Financial Statements

December 31, 2014 and 2013

6. Related Party and Party In Interest Transactions

Certain of the Plan's 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. Additionally, the Plan issues loans to participants, which are secured by the participants' account balances. These transactions qualify as party in interest transactions.

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

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

8. Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. The IRS has implemented a program for Section 403(b) plans; the Plan will comply accordingly. The plan administrator believes the Plan is operating in accordance with the applicable requirements of Section 403(b) of the IRC and therefore believes the Plan is qualified and the related custodial accounts are 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, 2014 and 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.

9. Administration of Plan Assets

The Plan's assets are administered under a contract with TIAA-CREF, Vanguard, VALIC, and Fidelity, the Custodians of the Plan. The Custodians invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants. Certain administrative expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements.

West Virginia University Medical Corporation 403(b) Plan

Notes to Financial Statements
December 31, 2014 and 2013

10. 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.

11. 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 2014 and 2013. 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, 2014 and 2013 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2014, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2014.

12. 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, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits on the financial statements	\$ 142,665,542	\$ 138,484,677
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(9,641)</u>	<u>(44,136)</u>
Net assets available for benefits on Form 5500	<u>\$ 142,655,901</u>	<u>\$ 138,440,541</u>

The following is a reconciliation of total investment income on the financial statements to Form 5500 for the year ended December 31, 2014:

Total investment income on the Statement of Changes in Net Assets Available for Benefits	\$ 8,703,082
Less: 2014 adjustment from fair value to contract value for fully benefit-responsive investment contracts	(9,641)
Add: 2013 adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>44,136</u>
Total investment income on Form 5500	<u>\$ 8,737,577</u>

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Guaranteed annuity contracts	TIAA Traditional Annuity Account	N/R	\$ 36,021,428
*	Pooled separate account	CREF Stock Account	N/R	22,880,601
*	Guaranteed annuity contract	VALIC Fixed Account Plus	N/R	7,093,126
*	Pooled separate account	TIAA Real Estate Account	N/R	3,018,632
*	Pooled separate account	CREF Growth Account	N/R	2,291,914
*	Mutual fund	Fidelity Freedom 2020	N/R	2,274,310
*	Mutual fund	Fidelity Growth Company	N/R	2,119,221
*	Pooled separate account	CREF Global Equities Account	N/R	2,110,957
*	Pooled separate account	CREF Bond Market Account	N/R	2,045,875
*	Mutual fund	TIAA-CREF Lifecycle 2040-Rtmt	N/R	1,709,175
*	Mutual fund	Fidelity Freedom 2030	N/R	1,593,154
*	Mutual fund	Fidelity Freedom 2040	N/R	1,580,961
*	Mutual fund	Fidelity Freedom 2035	N/R	1,479,950
*	Pooled separate account	CREF Equity Index Account	N/R	1,383,240
*	Mutual fund	Vanguard 500 Index Fund Investor Shares	N/R	1,260,606
*	Mutual fund	Fidelity Contrafund	N/R	1,074,171
*	Mutual fund	TIAA-CREF Intl Eq-Rtmt	N/R	1,067,275
*	Pooled separate account	CREF Money Market Account	N/R	1,042,978
*	Mutual fund	TIAA-CREF Lg-Cap Val-Rtmt	N/R	975,803
*	Mutual fund	Fidelity Value	N/R	913,229
*	Mutual fund	Fidelity Independence	N/R	882,315
*	Mutual fund	TIAA-CREF Lifecycle 2015-Rtmt	N/R	864,961
*	Mutual fund	Fidelity Magellan	N/R	863,322
*	Pooled separate account	CREF Inflation-Linked Bond Account	N/R	807,897
*	Mutual fund	TIAA-CREF Lifecycle 2035-Rtmt	N/R	779,400
*	Pooled separate account	Stock Index Fund	N/R	753,609
*	Mutual fund	Fidelity Freedom 2025	N/R	746,604
*	Mutual fund	Fidelity Freedom 2045	N/R	721,613
*	Mutual fund	Spartan Tot Mkt Idx Adv	N/R	672,581
*	Pooled separate account	Science & Technology Fund	N/R	633,947
*	Mutual fund	TIAA-CREF Mid-Cap Val-Rtmt	N/R	615,442
*	Mutual fund	Fidelity Puritan	N/R	608,530
*	Mutual fund	Vanguard Target Retirement 2015 Fund	N/R	598,952
*	Mutual fund	TIAA-CREF Lifecycle 2020-Rtmt	N/R	586,751
*	Mutual fund	Fidelity Diversified Intl	N/R	584,142
*	Mutual fund	Spartan 500 Index Adv	N/R	572,438
*	Pooled separate account	CREF Social Choice Account	N/R	547,725
*	Mutual fund	Vanguard Total Stock Market Index Fund	N/R	529,943
*	Mutual fund	TIAA-CREF Lifecycle 2025-Rtmt	N/R	527,207
*	Mutual fund	Dreyfus S&P 500 Index	N/R	525,184
*	Mutual fund	Vanguard Health Care Fund Investor Shares	N/R	524,687
*	Mutual fund	Fidelity Blue Chip Growth	N/R	500,546
*	Mutual fund	TIAA-CREF Mid-Cap Gr-Rtmt	N/R	488,496
*	Mutual fund	TIAA-CREF Real Est Secs-Rtmt	N/R	468,271
*	Mutual fund	Fidelity Equity Income	N/R	435,754
*	Mutual fund	Fidelity Cash Resrve	N/R	427,414
*	Mutual fund	TIAA-CREF Lifecycle 2045-Rtmt	N/R	419,979
*	Pooled separate account	Growth Fund	N/R	384,273
*	Mutual fund	Amer Funds Growth Fund R4	N/R	383,879
*	Mutual fund	Vanguard Growth Index Fund Investor Shares	N/R	373,208
*	Mutual fund	TIAA-CREF Gr & Inc-Rtmt	N/R	370,355
*	Mutual fund	TIAA-CREF Sm-Cap Eq-Rtmt	N/R	369,440
*	Mutual fund	Spartan U.S. Bond Index Adv	N/R	369,214
*	Mutual fund	Vanguard Target Retirement 2035 Fund	N/R	364,477
*	Mutual fund	Fidelity Freedom 2050	N/R	363,878
*	Mutual fund	Fidelity Freedom 2015	N/R	360,378
*	Mutual fund	Vanguard Wellington Fund, Inc.	N/R	354,693
*	Mutual fund	Fidelity Real Estate Invs	N/R	354,689
*	Pooled separate account	Mid Cap Index Fund	N/R	351,188
*	Mutual fund	Fidelity Low Pr Stk	N/R	350,147
*	Mutual fund	Vanguard LifeStrategy Moderate Growth Fund	N/R	348,496
*	Mutual fund	Vanguard Windsor II Fund Investor Shares	N/R	347,800
*	Mutual fund	Fidelity Freedom 2010	N/R	347,056
*	Mutual fund	Vanguard Windsor II	N/R	339,513
*	Mutual fund	TIAA-CREF Lifecycle 2030-Rtmt	N/R	339,319
*	Mutual fund	Fidelity Leveraged Co Stk	N/R	337,742

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Amer Funds Europac R4	N/R	336,545
*	Mutual fund	TIAA-CREF Social Ch Eq-Rtmt	N/R	328,574
*	Mutual fund	Fidelity Balanced	N/R	323,734
*	Pooled separate account	Core Equity Fund	N/R	320,469
*	Mutual fund	Fidelity New Markets Inc	N/R	311,991
*	Mutual fund	Fidelity Capital & Income	N/R	310,604
	Mutual fund	Dreyfus Bond Mkt Idx Inv	N/R	308,997
*	Mutual fund	TIAA-CREF Lifecycle 2010-Rtmt	N/R	303,265
*	Mutual fund	Fidelity Asset Mgr 70%	N/R	293,942
*	Mutual fund	Fidelity Strategic Income	N/R	283,068
*	Mutual fund	Fidelity Sel Gold	N/R	280,813
*	Mutual fund	Fidelity Retire Mmkt	N/R	280,078
*	Mutual fund	TIAA-CREF S&P 500 Idx-Rtmt	N/R	278,954
*	Mutual fund	Fidelity Nasdaq Comp Indx	N/R	277,316
*	Mutual fund	Vanguard Long-Term Inv-Grade Fund	N/R	276,911
*	Mutual fund	Fidelity Fidelity	N/R	264,282
*	Mutual fund	Fidelity Sel Biotech	N/R	249,173
*	Mutual fund	Fidelity Total Bond	N/R	246,205
*	Mutual fund	Fidelity OTC Portfolio	N/R	244,305
*	Mutual fund	Vanguard Total Bond Market Index Fund Investor	N/R	243,915
	Mutual fund	Dreyfus Sm Cap Stk Indx	N/R	235,583
*	Mutual fund	Vanguard Mid-Cap Index Fund Investor Shares	N/R	235,017
*	Mutual fund	Fidelity Sel Technology	N/R	234,439
*	Mutual fund	Fidelity Us Govt Res	N/R	230,958
	Mutual fund	Amer Funds Amer Bal R4	N/R	229,619
*	Mutual fund	Fidelity Sm Cap Discovery	N/R	228,976
*	Mutual fund	Vanguard Target Retirement 2025 Fund	N/R	224,630
	Mutual fund	American Beacon Lg Cp Val Inv	N/R	219,868
*	Mutual fund	Fidelity Mid Cap Stock	N/R	215,081
*	Mutual fund	Fidelity Strat Div & Inc	N/R	209,208
*	Pooled separate account	Small Cap Index Fund	N/R	205,770
*	Mutual fund	Fidelity Growth & Income	N/R	202,276
*	Mutual fund	Fidelity Intl Discovery	N/R	199,846
	Mutual fund	Dreyfus Midcap Index	N/R	198,621
*	Mutual fund	Fidelity Asset Mgr 85%	N/R	197,934
	Mutual fund	Victory Established Value R	N/R	195,986
*	Pooled separate account	Mid Cap Strategic Gwth	N/R	194,420
	Mutual fund	JP Morgan Diver Mid Cap Gr Sel	N/R	192,007
*	Pooled separate account	Large Capital Growth	N/R	190,785
*	Mutual fund	Spartan Intl Index Adv	N/R	190,293
*	Mutual fund	Fidelity Fifty	N/R	186,184
*	Mutual fund	Fidelity Mid Cap Value	N/R	182,377
*	Mutual fund	Fidelity Small Cap Value	N/R	180,432
*	Mutual fund	Vanguard Target Retirement 2030 Fund	N/R	179,881
*	Mutual fund	Vanguard Balanced Index Fund Investor Shares	N/R	179,074
*	Mutual fund	Vanguard International Growth Fund Investor	N/R	177,238
*	Mutual fund	Fidelity Four In One Idx	N/R	175,091
*	Mutual fund	Spartan Extnd Mkt Index Adv	N/R	167,245
*	Pooled separate account	Mid Cap Value Fund	N/R	166,952
*	Mutual fund	Fidelity Emerg Mkts	N/R	165,946
*	Mutual fund	Vanguard Prime Money Market Fund	N/R	163,935
*	Mutual fund	Fidelity Cap Appreciation	N/R	162,605
	Mutual fund	Pimco Ret A	N/R	159,300
*	Mutual fund	Fidelity Stk Sel All Cap	N/R	158,112
*	Mutual fund	Fidelity Sel Energy	N/R	157,976
*	Mutual fund	Vanguard Emerging Markets Stock Index Fund	N/R	156,497
*	Pooled separate account	Strategic Bond Fund	N/R	156,049
*	Mutual fund	Fidelity Sel Healthcare	N/R	155,621
*	Mutual fund	Fidelity Real Estate Inc	N/R	152,661
*	Pooled separate account	Foreign Value	N/R	149,450
*	Mutual fund	Vanguard Strategic Equity Fund	N/R	148,612
*	Pooled separate account	Small Cap Fund	N/R	147,465
*	Mutual fund	Fidelity Asset Mgr 20%	N/R	147,075
*	Mutual fund	Fidelity Lc Val Enh Indx	N/R	144,202
*	Pooled separate account	Ariel Fund	N/R	142,828
*	Mutual fund	Fidelity Emerging Asia	N/R	142,509

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Sel Defense	N/R	142,497
*	Mutual fund	Fidelity Value Strategies	N/R	142,395
*	Pooled separate account	Core Bond Fund	N/R	138,721
*	Mutual fund	Fidelity Small Cap Growth	N/R	138,490
	Mutual fund	Columbia Sm Cp Value II Z	N/R	136,920
*	Mutual fund	Vanguard PRIMECAP Core Fund	N/R	135,938
*	Mutual fund	Vanguard Dividend Growth Fund	N/R	135,012
*	Mutual fund	Vanguard U.S. Growth Fund Investor Shares	N/R	133,661
*	Mutual fund	Vanguard Target Retirement 2045 Fund	N/R	133,378
	Mutual fund	DWS Large Cap Val S	N/R	131,262
*	Mutual fund	Fidelity Inflat Prot Bond	N/R	130,013
*	Mutual fund	Vanguard Wellesley Income Fund Investor	N/R	129,841
*	Mutual fund	Fidelity Intermed Bond	N/R	128,874
*	Mutual fund	Fidelity Intl Growth	N/R	128,076
*	Pooled separate account	Ariel Appreciation Fund	N/R	127,460
*	Mutual fund	Vanguard STAR Fund	N/R	123,401
	Mutual fund	Amer Funds Capwldgl R4	N/R	122,010
*	Mutual fund	Vanguard Long-Term Treasury	N/R	120,137
	Mutual fund	DWS Core Equity S	N/R	119,262
*	Mutual fund	Fidelity Invst Gr Bd	N/R	119,104
*	Mutual fund	Fidelity Sel Natural Res	N/R	118,656
	Mutual fund	Amcent Inf-Adj Bond Inv	N/R	117,663
*	Mutual fund	Fidelity New Millen	N/R	114,754
*	Mutual fund	Fidelity Stk Sel Sm Cap	N/R	113,995
*	Mutual fund	Vanguard European Stock Index Fund Investor	N/R	109,534
*	Mutual fund	Fidelity Sel Chemicals	N/R	108,292
*	Mutual fund	Vanguard Wellington Fund Investor Shares	N/R	105,092
*	Mutual fund	Vanguard Growth and Income Fund Investor	N/R	104,920
*	Mutual fund	Fidelity Equity Div Income	N/R	102,323
*	Pooled separate account	International Growth Fund	N/R	100,392
*	Mutual fund	Fidelity Sel Electronics	N/R	99,983
*	Mutual fund	Vanguard Inflation-Protected Securities Fund	N/R	99,653
*	Mutual fund	Vanguard Selected Value Fund	N/R	99,415
*	Mutual fund	Vanguard Small-Cap Value Index Fund	N/R	98,480
*	Mutual fund	Fidelity Dividend Growth	N/R	98,456
*	Mutual fund	Fidelity China Region	N/R	98,189
*	Mutual fund	Fidelity Float Rt Hi Inc	N/R	98,161
*	Mutual fund	Fidelity Overseas	N/R	98,014
*	Mutual fund	Fidelity Mega Cap Stock	N/R	97,739
*	Mutual fund	Fidelity Conserv Inc Bd	N/R	95,420
*	Mutual fund	Fidelity High Income	N/R	94,910
*	Mutual fund	Vanguard REIT Index Fund Investor Shares	N/R	94,075
	Mutual fund	Invesco High Yield R5	N/R	91,935
*	Mutual fund	Fidelity Sel Multimedia	N/R	91,791
*	Pooled separate account	Socially Responsible Fund	N/R	91,591
*	Mutual fund	Fidelity GNMA	N/R	91,075
	Mutual fund	Leggmason Clrbldg Sm Cap Gr A	N/R	90,131
*	Mutual fund	Vanguard Target Retirement 2020 Fund	N/R	89,289
*	Mutual fund	Fidelity LTD Term Govt	N/R	88,301
*	Mutual fund	TIAA-CREF Lifecycle 2050-Rtmt	N/R	87,848
*	Mutual fund	Fidelity Lc Core Enh Indx	N/R	87,758
*	Mutual fund	Fidelity Freedom Income	N/R	87,752
*	Pooled separate account	Blue Chip Growth Fund	N/R	87,368
*	Mutual fund	Fidelity Money Market	N/R	86,754
*	Mutual fund	Vanguard Total International Stock Index Fund	N/R	85,728
*	Mutual fund	Fidelity Pacific Basin	N/R	85,502
*	Mutual fund	Fidelity Stk Sel Lgcap Value	N/R	85,458
*	Mutual fund	Vanguard Explorer Fund Investor Shares	N/R	84,478
	Mutual fund	DWS Lgcp Focus Gr S	N/R	83,323
*	Mutual fund	Vanguard Developed Markets Index Fund	N/R	82,496
*	Mutual fund	Fidelity Asset Mgr 50%	N/R	82,203
*	Mutual fund	Fidelity Sel IT Services	N/R	79,630
*	Mutual fund	Vanguard Windsor Fund Investor Shares	N/R	77,312
*	Mutual fund	Fidelity Ret Govt Mm	N/R	74,076
	Mutual fund	T.Rowe Pnce Fd 2020 Adv	N/R	73,641
	Mutual fund	DWS Gbl Inc Bld S	N/R	73,045

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Vanguard Morgan Growth Fund Investor Shares	N/R	72,441
	Mutual fund	DWS World Dividend S	N/R	71,877
	Mutual fund	DWS Capital Growth S	N/R	71,777
*	Mutual fund	Vanguard Global Equity Fund	N/R	71,564
*	Pooled separate account	Dividend Value	N/R	71,304
	Mutual fund	DWS Latin Amer Eq S	N/R	70,220
*	Mutual fund	Vanguard LifeStrategy Conservative Growth	N/R	68,408
*	Mutual fund	Fidelity Short Term Bond	N/R	68,097
*	Mutual fund	Fidelity Trend	N/R	67,283
*	Mutual fund	Fidelity Sel Natural Gas	N/R	66,684
*	Mutual fund	Vanguard U.S. Value Fund	N/R	66,411
*	Mutual fund	Fidelity Sel Med Eq & Sys	N/R	65,085
*	Mutual fund	Fidelity Small Cap Stock	N/R	63,790
	Mutual fund	Amercent Cp Pres Mm Inv	N/R	63,695
*	Mutual fund	Fidelity Focused Stock	N/R	62,319
*	Mutual fund	Fidelity Value Discovery	N/R	60,162
*	Mutual fund	Vanguard International Value Fund	N/R	58,843
*	Pooled separate account	Inflation Protected Fund	N/R	58,206
	Mutual fund	Dreyfus Intl Stock Index	N/R	56,792
*	Mutual fund	Vanguard Equity Income Fund Investor Shares	N/R	55,956
*	Mutual fund	Fidelity Govt Income	N/R	55,773
*	Mutual fund	Fidelity Sel Comm Equip	N/R	54,782
*	Mutual fund	Fidelity Blue Chip Value	N/R	52,697
*	Mutual fund	Fidelity Sel Materials	N/R	51,767
*	Mutual fund	Fidelity Canada	N/R	51,451
*	Pooled separate account	International Opportunities	N/R	50,064
*	Mutual fund	Fidelity Gr Strategies	N/R	49,237
*	Mutual fund	Vanguard Precious Metals and Mining Fund	N/R	45,956
*	Mutual fund	Fidelity Disciplined Eqty	N/R	45,954
	Mutual fund	Neuberg Ber Real Estate Trust	N/R	42,571
	Mutual fund	DWS Health Care S	N/R	42,243
*	Mutual fund	Fidelity Sel Money Market	N/R	41,612
*	Mutual fund	Vanguard Long-Term Bond Index Fund	N/R	41,054
*	Mutual fund	Spartan LT Tr Indx Adv	N/R	39,459
*	Pooled separate account	High Yield Bond Fund	N/R	39,371
	Mutual fund	DWS Croci Intl S	N/R	38,662
*	Pooled separate account	Asset Allocation Fund	N/R	37,919
*	Mutual fund	Vanguard LifeStrategy Growth Fund	N/R	37,690
*	Pooled separate account	Sm Cap Aggressive Gwth	N/R	37,586
*	Pooled separate account	International Equities Fund	N/R	37,542
*	Mutual fund	Vanguard International Explorer Fund	N/R	37,051
*	Mutual fund	Vanguard FTSE All-World ex-US Small-Cap Index	N/R	35,842
*	Mutual fund	Fidelity Growth Discovery	N/R	35,807
	Mutual fund	T.Rowe Pnce Rt Fnd 2040 Adv	N/R	35,183
*	Mutual fund	Fidelity Intl Cap Apprec	N/R	34,688
*	Mutual fund	Fidelity Worldwide	N/R	34,510
*	Pooled separate account	Small Cap Value Fund	N/R	34,297
*	Pooled separate account	Small Mid Growth Fund	N/R	34,218
*	Mutual fund	Fidelity Sel Cons Staples	N/R	34,113
	Mutual fund	JP Morgan Disciplined Equity A	N/R	33,190
*	Pooled separate account	Small Cap Special Value Fund	N/R	32,816
*	Mutual fund	Fidelity Intl Sm Cap Opp	N/R	32,791
*	Pooled separate account	Emerging Economies	N/R	32,091
*	Mutual fund	Fidelity Us Treasury Mm	N/R	30,777
	Mutual fund	T.Rowe Pnce Rt Fd 2030 Adv	N/R	29,962
*	Mutual fund	Fidelity Glb High Income	N/R	29,297
*	Mutual fund	Fidelity Sel Consumer Fin	N/R	28,584
*	Mutual fund	Fidelity Exp & Multinatl	N/R	27,191
*	Mutual fund	Vanguard Admiral Treasury Money Market Fund	N/R	26,899
*	Mutual fund	Fidelity Stk Sel Mid Cap	N/R	26,335
*	Pooled separate account	Global Strategy	N/R	26,267
*	Mutual fund	Fidelity Sel Brokerage	N/R	25,978
*	Mutual fund	Vanguard Convertible Securities Fund	N/R	25,334
*	Mutual fund	Fidelity Sel Retailing	N/R	25,128
*	Pooled separate account	Capital Conservation Fund	N/R	24,871
*	Mutual fund	Vanguard Intermediate-Term Bond Index Fund	N/R	24,743

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Sel Constr/House	N/R	24,701
*	Mutual fund	Fidelity Freedom 2005	N/R	24,630
*	Mutual fund	Fidelity Europe	N/R	24,020
*	Mutual fund	Fidelity Latin America	N/R	23,850
*	Mutual fund	Fidelity Sel Leisure	N/R	23,133
*	Mutual fund	Vanguard Limited-Term Tax-Exempt Fund	N/R	22,984
*	Mutual fund	Vanguard Intermediate-Term Treasury Fund	N/R	22,774
*	Mutual fund	Vanguard Mid-Cap Value Index Fund Investor Shares	N/R	22,099
*	Mutual fund	TIAA-CREF Lfcycle Rtmt Inc-Rtmt	N/R	21,741
*	Mutual fund	Vanguard Capital Value Fund	N/R	18,150
*	Mutual fund	Vanguard Energy Fund Investor Shares	N/R	18,143
*	Mutual fund	Fidelity Intm Govt Income	N/R	17,796
*	Mutual fund	DWS Enh Global Bd S	N/R	17,682
*	Mutual fund	Fidelity Convertible Sec	N/R	16,779
*	Mutual fund	DWS Small Cap Grth S	N/R	16,610
*	Mutual fund	Vanguard PRIMECAP Fund Investor Shares	N/R	16,427
*	Mutual fund	Fidelity Sel Banking	N/R	15,835
*	Mutual fund	Fidelity Intl Small Cap	N/R	15,670
*	Mutual fund	Vanguard Small-Cap Growth Index Fund Investor	N/R	15,112
*	Mutual fund	Fidelity Sel Energy Svcs	N/R	15,076
*	Mutual fund	DWS Global Grth S	N/R	14,427
*	Pooled separate account	Government Securities Fund	N/R	14,365
*	Mutual fund	Fidelity Intl Value	N/R	14,077
*	Mutual fund	Fidelity Sel Env Alt Engy	N/R	13,922
*	Mutual fund	Vanguard GNMA Fund Investor Shares	N/R	13,881
*	Mutual fund	Fidelity Glb Comdty Stk	N/R	13,835
*	Mutual fund	Fidelity Intl Real Estate	N/R	13,417
*	Mutual fund	Spartan Infl Pr Idx Adv	N/R	13,317
*	Pooled separate account	Capital Conservation	N/R	13,139
*	Mutual fund	Fidelity Global Balanced	N/R	12,854
*	Mutual fund	Vanguard LifeStrategy Income Fund	N/R	12,754
*	Mutual fund	Fidelity EMEA	N/R	12,714
*	Mutual fund	Vanguard Pacific Stock Index Fund Investor	N/R	12,389
*	Mutual fund	Fidelity Focused High Inc	N/R	12,355
*	Mutual fund	TIAA-CREF Lifecycle 2055-Rtmt	N/R	12,318
*	Pooled separate account	Money Market I Fund	N/R	12,042
*	Mutual fund	Fidelity Sel Air Transprt	N/R	11,975
*	Pooled separate account	Global Real Estate Fund	N/R	11,624
*	Mutual fund	Fidelity Sel Cons Discr	N/R	11,610
*	Mutual fund	Money Market II Fund	N/R	11,454
*	Mutual fund	Fidelity Mortgage Sec	N/R	11,371
*	Mutual fund	Vanguard Short-Term Bond Index Fund	N/R	11,316
*	Mutual fund	DWS Lc 2015 S	N/R	11,224
*	Pooled separate account	Small Cap Growth Fund	N/R	10,871
*	Mutual fund	Vanguard Long-Term Treasury Fund Investor	N/R	10,660
*	Mutual fund	DWS Core Plus Inc S	N/R	9,850
*	Mutual fund	Fidelity Sel Pharmaceutcl	N/R	9,574
*	Pooled separate account	Nasdaq-100(R) Index Fund	N/R	9,534
*	Mutual fund	DWS S&P 500 Index S	N/R	9,227
*	Mutual fund	Spartan Int Tr Indx Adv	N/R	8,842
*	Mutual fund	Spartan St Tr Indx Adv	N/R	8,769
*	Mutual fund	DWS Lc 2020 S	N/R	8,704
*	Mutual fund	Fidelity Sel Software	N/R	7,424
*	Mutual fund	Vanguard Extended Market Index Fund Investor	N/R	7,205
*	Pooled separate account	Mid Cap Growth Fund	N/R	6,791
*	Pooled separate account	Large Cap Value Fund	N/R	6,777
*	Mutual fund	DWS Emrg Mkt Eq S	N/R	6,494
*	Mutual fund	Vanguard Strategic Small-Cap Equity Fund	N/R	5,966
*	Mutual fund	Vanguard Short-Term Investment Grade Fund	N/R	5,429
*	Mutual fund	Fidelity Sm Cp Enh Indx	N/R	5,213
*	Mutual fund	Vanguard High-Yield Corporate Fund Investor	N/R	5,016
*	Mutual fund	T.Rowe Pnce Ret 2010 Adv	N/R	3,589
*	Mutual fund	T.Rowe Pnce Ret Inc Adv	N/R	3,487
*	Pooled separate account	Health Sciences Fund	N/R	3,188
*	Pooled separate account	Large Cap Core	N/R	2,692
*	Mutual fund	Fidelity Japan Smaller Co	N/R	2,633

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Amcent Real Estate Inv	N/R	2,496
*	Mutual fund	Fidelity Sel Utilities	N/R	2,385
*	Mutual fund	Fidelity Mid Cap Enh Indx	N/R	2,261
*	Mutual fund	Fidelity Govt Mmkt	N/R	1,999
*	Pooled separate account	Growth & Income Fund	N/R	1,874
*	Mutual fund	Fidelity Nordic	N/R	1,428
*	Mutual fund	Fidelity Sel Industrials	N/R	1,228
	Mutual fund	DWS Gld/Prec Metal S	N/R	1,040
*	Mutual fund	Fidelity Sel Financial	N/R	714
*	Mutual fund	Fidelity Japan	N/R	696
*	Pooled separate account	Global Social Awareness Fund	N/R	599
*	Mutual fund	Fidelity Lc Gro Enh Indx	N/R	585
*	Mutual fund	Fidelity Intl Enh Index	N/R	503
*	Mutual fund	Fidelity Sel Indust Equip	N/R	409
*	Mutual fund	Vanguard Dividend Appreciation Index Fund	N/R	406
*	Mutual fund	Fidelity Sel Automotive	N/R	242
*	Mutual fund	Fidelity Sel Computers	N/R	172
*	Notes receivable from participants	Interest rates: 3.00% - 5.00%	\$0	234,181
				<u>\$ 142,655,901</u>

* A party in interest as defined by ERISA

N/R - cost omitted for participant directed investments

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Guaranteed annuity contracts	TIAA Traditional Annuity Account	N/R	\$ 36,021,428
*	Pooled separate account	CREF Stock Account	N/R	22,880,601
*	Guaranteed annuity contract	VALIC Fixed Account Plus	N/R	7,093,126
*	Pooled separate account	TIAA Real Estate Account	N/R	3,018,632
*	Pooled separate account	CREF Growth Account	N/R	2,291,914
*	Mutual fund	Fidelity Freedom 2020	N/R	2,274,310
*	Mutual fund	Fidelity Growth Company	N/R	2,119,221
*	Pooled separate account	CREF Global Equities Account	N/R	2,110,957
*	Pooled separate account	CREF Bond Market Account	N/R	2,045,875
*	Mutual fund	TIAA-CREF Lifecycle 2040-Rtmt	N/R	1,709,175
*	Mutual fund	Fidelity Freedom 2030	N/R	1,593,154
*	Mutual fund	Fidelity Freedom 2040	N/R	1,580,961
*	Mutual fund	Fidelity Freedom 2035	N/R	1,479,950
*	Pooled separate account	CREF Equity Index Account	N/R	1,383,240
*	Mutual fund	Vanguard 500 Index Fund Investor Shares	N/R	1,260,606
*	Mutual fund	Fidelity Contrafund	N/R	1,074,171
*	Mutual fund	TIAA-CREF Intl Eq-Rtmt	N/R	1,067,275
*	Pooled separate account	CREF Money Market Account	N/R	1,042,978
*	Mutual fund	TIAA-CREF Lg-Cap Val-Rtmt	N/R	975,803
*	Mutual fund	Fidelity Value	N/R	913,229
*	Mutual fund	Fidelity Independence	N/R	882,315
*	Mutual fund	TIAA-CREF Lifecycle 2015-Rtmt	N/R	864,961
*	Mutual fund	Fidelity Magellan	N/R	863,322
*	Pooled separate account	CREF Inflation-Linked Bond Account	N/R	807,897
*	Mutual fund	TIAA-CREF Lifecycle 2035-Rtmt	N/R	779,400
*	Pooled separate account	Stock Index Fund	N/R	753,609
*	Mutual fund	Fidelity Freedom 2025	N/R	746,604
*	Mutual fund	Fidelity Freedom 2045	N/R	721,613
*	Mutual fund	Spartan Tot Mkt Idx Adv	N/R	672,581
*	Pooled separate account	Science & Technology Fund	N/R	633,947
*	Mutual fund	TIAA-CREF Mid-Cap Val-Rtmt	N/R	615,442
*	Mutual fund	Fidelity Puritan	N/R	608,530
*	Mutual fund	Vanguard Target Retirement 2015 Fund	N/R	598,952
*	Mutual fund	TIAA-CREF Lifecycle 2020-Rtmt	N/R	586,751
*	Mutual fund	Fidelity Diversified Intl	N/R	584,142
*	Mutual fund	Spartan 500 Index Adv	N/R	572,438
*	Pooled separate account	CREF Social Choice Account	N/R	547,725
*	Mutual fund	Vanguard Total Stock Market Index Fund	N/R	529,943
*	Mutual fund	TIAA-CREF Lifecycle 2025-Rtmt	N/R	527,207
*	Mutual fund	Dreyfus S&P 500 Index	N/R	525,184
*	Mutual fund	Vanguard Health Care Fund Investor Shares	N/R	524,687
*	Mutual fund	Fidelity Blue Chip Growth	N/R	500,546
*	Mutual fund	TIAA-CREF Mid-Cap Gr-Rtmt	N/R	488,496
*	Mutual fund	TIAA-CREF Real Est Secs-Rtmt	N/R	468,271
*	Mutual fund	Fidelity Equity Income	N/R	435,754
*	Mutual fund	Fidelity Cash Resrve	N/R	427,414
*	Mutual fund	TIAA-CREF Lifecycle 2045-Rtmt	N/R	419,979
*	Pooled separate account	Growth Fund	N/R	384,273
*	Mutual fund	Amer Funds Growth Fund R4	N/R	383,879
*	Mutual fund	Vanguard Growth Index Fund Investor Shares	N/R	373,208
*	Mutual fund	TIAA-CREF Gr & Inc-Rtmt	N/R	370,355
*	Mutual fund	TIAA-CREF Sm-Cap Eq-Rtmt	N/R	369,440
*	Mutual fund	Spartan U.S. Bond Index Adv	N/R	369,214
*	Mutual fund	Vanguard Target Retirement 2035 Fund	N/R	364,477
*	Mutual fund	Fidelity Freedom 2050	N/R	363,878
*	Mutual fund	Fidelity Freedom 2015	N/R	360,378
*	Mutual fund	Vanguard Wellington Fund, Inc.	N/R	354,693
*	Mutual fund	Fidelity Real Estate Invs	N/R	354,689
*	Pooled separate account	Mid Cap Index Fund	N/R	351,188
*	Mutual fund	Fidelity Low Pr Stk	N/R	350,147
*	Mutual fund	Vanguard LifeStrategy Moderate Growth Fund	N/R	348,496
*	Mutual fund	Vanguard Windsor II Fund Investor Shares	N/R	347,800
*	Mutual fund	Fidelity Freedom 2010	N/R	347,056
*	Mutual fund	Vanguard Windsor II	N/R	339,513
*	Mutual fund	TIAA-CREF Lifecycle 2030-Rtmt	N/R	339,319
*	Mutual fund	Fidelity Leveraged Co Stk	N/R	337,742

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Amer Funds Europac R4	N/R	336,545
*	Mutual fund	TIAA-CREF Social Ch Eq-Rtmt	N/R	328,574
*	Mutual fund	Fidelity Balanced	N/R	323,734
*	Pooled separate account	Core Equity Fund	N/R	320,469
*	Mutual fund	Fidelity New Markets Inc	N/R	311,991
*	Mutual fund	Fidelity Capital & Income	N/R	310,604
	Mutual fund	Dreyfus Bond Mkt Idx Inv	N/R	308,997
*	Mutual fund	TIAA-CREF Lifecycle 2010-Rtmt	N/R	303,265
*	Mutual fund	Fidelity Asset Mgr 70%	N/R	293,942
*	Mutual fund	Fidelity Strategic Income	N/R	283,068
*	Mutual fund	Fidelity Sel Gold	N/R	280,813
*	Mutual fund	Fidelity Retire Mmkt	N/R	280,078
*	Mutual fund	TIAA-CREF S&P 500 Idx-Rtmt	N/R	278,954
*	Mutual fund	Fidelity Nasdaq Comp Indx	N/R	277,316
*	Mutual fund	Vanguard Long-Term Inv-Grade Fund	N/R	276,911
*	Mutual fund	Fidelity Fidelity	N/R	264,282
*	Mutual fund	Fidelity Sel Biotech	N/R	249,173
*	Mutual fund	Fidelity Total Bond	N/R	246,205
*	Mutual fund	Fidelity OTC Portfolio	N/R	244,305
*	Mutual fund	Vanguard Total Bond Market Index Fund Investor	N/R	243,915
	Mutual fund	Dreyfus Sm Cap Stk Indx	N/R	235,583
*	Mutual fund	Vanguard Mid-Cap Index Fund Investor Shares	N/R	235,017
*	Mutual fund	Fidelity Sel Technology	N/R	234,439
*	Mutual fund	Fidelity Us Govt Res	N/R	230,958
	Mutual fund	Amer Funds Amer Bal R4	N/R	229,619
*	Mutual fund	Fidelity Sm Cap Discovery	N/R	228,976
*	Mutual fund	Vanguard Target Retirement 2025 Fund	N/R	224,630
	Mutual fund	American Beacon Lg Cp Val Inv	N/R	219,868
*	Mutual fund	Fidelity Mid Cap Stock	N/R	215,081
*	Mutual fund	Fidelity Strat Div & Inc	N/R	209,208
*	Pooled separate account	Small Cap Index Fund	N/R	205,770
*	Mutual fund	Fidelity Growth & Income	N/R	202,276
*	Mutual fund	Fidelity Intl Discovery	N/R	199,846
	Mutual fund	Dreyfus Midcap Index	N/R	198,621
*	Mutual fund	Fidelity Asset Mgr 85%	N/R	197,934
	Mutual fund	Victory Established Value R	N/R	195,986
*	Pooled separate account	Mid Cap Strategic Gwth	N/R	194,420
	Mutual fund	JP Morgan Diver Mid Cap Gr Sel	N/R	192,007
*	Pooled separate account	Large Capital Growth	N/R	190,785
*	Mutual fund	Spartan Intl Index Adv	N/R	190,293
*	Mutual fund	Fidelity Fifty	N/R	186,184
*	Mutual fund	Fidelity Mid Cap Value	N/R	182,377
*	Mutual fund	Fidelity Small Cap Value	N/R	180,432
*	Mutual fund	Vanguard Target Retirement 2030 Fund	N/R	179,881
*	Mutual fund	Vanguard Balanced Index Fund Investor Shares	N/R	179,074
*	Mutual fund	Vanguard International Growth Fund Investor	N/R	177,238
*	Mutual fund	Fidelity Four In One Idx	N/R	175,091
*	Mutual fund	Spartan Extnd Mkt Index Adv	N/R	167,245
*	Pooled separate account	Mid Cap Value Fund	N/R	166,952
*	Mutual fund	Fidelity Emerg Mkts	N/R	165,946
*	Mutual fund	Vanguard Prime Money Market Fund	N/R	163,935
*	Mutual fund	Fidelity Cap Appreciation	N/R	162,605
	Mutual fund	Pimco Ret A	N/R	159,300
*	Mutual fund	Fidelity Stk Sel All Cap	N/R	158,112
*	Mutual fund	Fidelity Sel Energy	N/R	157,976
*	Mutual fund	Vanguard Emerging Markets Stock Index Fund	N/R	156,497
*	Pooled separate account	Strategic Bond Fund	N/R	156,049
*	Mutual fund	Fidelity Sel Healthcare	N/R	155,621
*	Mutual fund	Fidelity Real Estate Inc	N/R	152,661
*	Pooled separate account	Foreign Value	N/R	149,450
*	Mutual fund	Vanguard Strategic Equity Fund	N/R	148,612
*	Pooled separate account	Small Cap Fund	N/R	147,465
*	Mutual fund	Fidelity Asset Mgr 20%	N/R	147,075
*	Mutual fund	Fidelity Lc Val Enh Indx	N/R	144,202
*	Pooled separate account	Ariel Fund	N/R	142,828
*	Mutual fund	Fidelity Emerging Asia	N/R	142,509

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Sel Defense	N/R	142,497
*	Mutual fund	Fidelity Value Strategies	N/R	142,395
*	Pooled separate account	Core Bond Fund	N/R	138,721
*	Mutual fund	Fidelity Small Cap Growth	N/R	138,490
	Mutual fund	Columbia Sm Cp Value II Z	N/R	136,920
*	Mutual fund	Vanguard PRIMECAP Core Fund	N/R	135,938
*	Mutual fund	Vanguard Dividend Growth Fund	N/R	135,012
*	Mutual fund	Vanguard U.S. Growth Fund Investor Shares	N/R	133,661
*	Mutual fund	Vanguard Target Retirement 2045 Fund	N/R	133,378
	Mutual fund	DWS Large Cap Val S	N/R	131,262
*	Mutual fund	Fidelity Inflat Prot Bond	N/R	130,013
*	Mutual fund	Vanguard Wellesley Income Fund Investor	N/R	129,841
*	Mutual fund	Fidelity Intermed Bond	N/R	128,874
*	Mutual fund	Fidelity Intl Growth	N/R	128,076
*	Pooled separate account	Ariel Appreciation Fund	N/R	127,460
*	Mutual fund	Vanguard STAR Fund	N/R	123,401
	Mutual fund	Amer Funds Capwldgl R4	N/R	122,010
*	Mutual fund	Vanguard Long-Term Treasury	N/R	120,137
	Mutual fund	DWS Core Equity S	N/R	119,262
*	Mutual fund	Fidelity Invst Gr Bd	N/R	119,104
*	Mutual fund	Fidelity Sel Natural Res	N/R	118,656
	Mutual fund	Amcent Inf-Adj Bond Inv	N/R	117,663
*	Mutual fund	Fidelity New Millen	N/R	114,754
*	Mutual fund	Fidelity Stk Sel Sm Cap	N/R	113,995
*	Mutual fund	Vanguard European Stock Index Fund Investor	N/R	109,534
*	Mutual fund	Fidelity Sel Chemicals	N/R	108,292
*	Mutual fund	Vanguard Wellington Fund Investor Shares	N/R	105,092
*	Mutual fund	Vanguard Growth and Income Fund Investor	N/R	104,920
*	Mutual fund	Fidelity Equity Div Income	N/R	102,323
*	Pooled separate account	International Growth Fund	N/R	100,392
*	Mutual fund	Fidelity Sel Electronics	N/R	99,983
*	Mutual fund	Vanguard Inflation-Protected Securities Fund	N/R	99,653
*	Mutual fund	Vanguard Selected Value Fund	N/R	99,415
*	Mutual fund	Vanguard Small-Cap Value Index Fund	N/R	98,480
*	Mutual fund	Fidelity Dividend Growth	N/R	98,456
*	Mutual fund	Fidelity China Region	N/R	98,189
*	Mutual fund	Fidelity Float Rt Hi Inc	N/R	98,161
*	Mutual fund	Fidelity Overseas	N/R	98,014
*	Mutual fund	Fidelity Mega Cap Stock	N/R	97,739
*	Mutual fund	Fidelity Conserv Inc Bd	N/R	95,420
*	Mutual fund	Fidelity High Income	N/R	94,910
*	Mutual fund	Vanguard REIT Index Fund Investor Shares	N/R	94,075
	Mutual fund	Invesco High Yield R5	N/R	91,935
*	Mutual fund	Fidelity Sel Multimedia	N/R	91,791
*	Pooled separate account	Socially Responsible Fund	N/R	91,591
*	Mutual fund	Fidelity GNMA	N/R	91,075
	Mutual fund	Leggmason Clrbldg Sm Cap Gr A	N/R	90,131
*	Mutual fund	Vanguard Target Retirement 2020 Fund	N/R	89,289
*	Mutual fund	Fidelity LTD Term Govt	N/R	88,301
*	Mutual fund	TIAA-CREF Lifecycle 2050-Rtmt	N/R	87,848
*	Mutual fund	Fidelity Lc Core Enh Indx	N/R	87,758
*	Mutual fund	Fidelity Freedom Income	N/R	87,752
*	Pooled separate account	Blue Chip Growth Fund	N/R	87,368
*	Mutual fund	Fidelity Money Market	N/R	86,754
*	Mutual fund	Vanguard Total International Stock Index Fund	N/R	85,728
*	Mutual fund	Fidelity Pacific Basin	N/R	85,502
*	Mutual fund	Fidelity Stk Sel Lgcap Value	N/R	85,458
*	Mutual fund	Vanguard Explorer Fund Investor Shares	N/R	84,478
	Mutual fund	DWS Lgcp Focus Gr S	N/R	83,323
*	Mutual fund	Vanguard Developed Markets Index Fund	N/R	82,496
*	Mutual fund	Fidelity Asset Mgr 50%	N/R	82,203
*	Mutual fund	Fidelity Sel IT Services	N/R	79,630
*	Mutual fund	Vanguard Windsor Fund Investor Shares	N/R	77,312
*	Mutual fund	Fidelity Ret Govt Mm	N/R	74,076
	Mutual fund	T.Rowe Pnce Fd 2020 Adv	N/R	73,641
	Mutual fund	DWS Gbl Inc Bld S	N/R	73,045

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Vanguard Morgan Growth Fund Investor Shares	N/R	72,441
	Mutual fund	DWS World Dividend S	N/R	71,877
	Mutual fund	DWS Capital Growth S	N/R	71,777
*	Mutual fund	Vanguard Global Equity Fund	N/R	71,564
*	Pooled separate account	Dividend Value	N/R	71,304
	Mutual fund	DWS Latin Amer Eq S	N/R	70,220
*	Mutual fund	Vanguard LifeStrategy Conservative Growth	N/R	68,408
*	Mutual fund	Fidelity Short Term Bond	N/R	68,097
*	Mutual fund	Fidelity Trend	N/R	67,283
*	Mutual fund	Fidelity Sel Natural Gas	N/R	66,684
*	Mutual fund	Vanguard U.S. Value Fund	N/R	66,411
*	Mutual fund	Fidelity Sel Med Eq & Sys	N/R	65,085
*	Mutual fund	Fidelity Small Cap Stock	N/R	63,790
	Mutual fund	Amercent Cp Pres Mm Inv	N/R	63,695
*	Mutual fund	Fidelity Focused Stock	N/R	62,319
*	Mutual fund	Fidelity Value Discovery	N/R	60,162
*	Mutual fund	Vanguard International Value Fund	N/R	58,843
*	Pooled separate account	Inflation Protected Fund	N/R	58,206
	Mutual fund	Dreyfus Intl Stock Index	N/R	56,792
*	Mutual fund	Vanguard Equity Income Fund Investor Shares	N/R	55,956
*	Mutual fund	Fidelity Govt Income	N/R	55,773
*	Mutual fund	Fidelity Sel Comm Equip	N/R	54,782
*	Mutual fund	Fidelity Blue Chip Value	N/R	52,697
*	Mutual fund	Fidelity Sel Materials	N/R	51,767
*	Mutual fund	Fidelity Canada	N/R	51,451
*	Pooled separate account	International Opportunities	N/R	50,064
*	Mutual fund	Fidelity Gr Strategies	N/R	49,237
*	Mutual fund	Vanguard Precious Metals and Mining Fund	N/R	45,956
*	Mutual fund	Fidelity Disciplined Eqty	N/R	45,954
	Mutual fund	Neuberg Ber Real Estate Trust	N/R	42,571
	Mutual fund	DWS Health Care S	N/R	42,243
*	Mutual fund	Fidelity Sel Money Market	N/R	41,612
*	Mutual fund	Vanguard Long-Term Bond Index Fund	N/R	41,054
*	Mutual fund	Spartan LT Tr Indx Adv	N/R	39,459
*	Pooled separate account	High Yield Bond Fund	N/R	39,371
	Mutual fund	DWS Croci Intl S	N/R	38,662
*	Pooled separate account	Asset Allocation Fund	N/R	37,919
*	Mutual fund	Vanguard LifeStrategy Growth Fund	N/R	37,690
*	Pooled separate account	Sm Cap Aggressive Gwth	N/R	37,586
*	Pooled separate account	International Equities Fund	N/R	37,542
*	Mutual fund	Vanguard International Explorer Fund	N/R	37,051
*	Mutual fund	Vanguard FTSE All-World ex-US Small-Cap Index	N/R	35,842
*	Mutual fund	Fidelity Growth Discovery	N/R	35,807
	Mutual fund	T.Rowe Pnce Rt Fnd 2040 Adv	N/R	35,183
*	Mutual fund	Fidelity Intl Cap Apprec	N/R	34,688
*	Mutual fund	Fidelity Worldwide	N/R	34,510
*	Pooled separate account	Small Cap Value Fund	N/R	34,297
*	Pooled separate account	Small Mid Growth Fund	N/R	34,218
*	Mutual fund	Fidelity Sel Cons Staples	N/R	34,113
	Mutual fund	JP Morgan Disciplined Equity A	N/R	33,190
*	Pooled separate account	Small Cap Special Value Fund	N/R	32,816
*	Mutual fund	Fidelity Intl Sm Cap Opp	N/R	32,791
*	Pooled separate account	Emerging Economies	N/R	32,091
*	Mutual fund	Fidelity Us Treasury Mm	N/R	30,777
	Mutual fund	T.Rowe Pnce Rt Fd 2030 Adv	N/R	29,962
*	Mutual fund	Fidelity Glb High Income	N/R	29,297
*	Mutual fund	Fidelity Sel Consumer Fin	N/R	28,584
*	Mutual fund	Fidelity Exp & Multinatl	N/R	27,191
*	Mutual fund	Vanguard Admiral Treasury Money Market Fund	N/R	26,899
*	Mutual fund	Fidelity Stk Sel Mid Cap	N/R	26,335
*	Pooled separate account	Global Strategy	N/R	26,267
*	Mutual fund	Fidelity Sel Brokerage	N/R	25,978
*	Mutual fund	Vanguard Convertible Securities Fund	N/R	25,334
*	Mutual fund	Fidelity Sel Retailing	N/R	25,128
*	Pooled separate account	Capital Conservation Fund	N/R	24,871
*	Mutual fund	Vanguard Intermediate-Term Bond Index Fund	N/R	24,743

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Sel Constr/House	N/R	24,701
*	Mutual fund	Fidelity Freedom 2005	N/R	24,630
*	Mutual fund	Fidelity Europe	N/R	24,020
*	Mutual fund	Fidelity Latin America	N/R	23,850
*	Mutual fund	Fidelity Sel Leisure	N/R	23,133
*	Mutual fund	Vanguard Limited-Term Tax-Exempt Fund	N/R	22,984
*	Mutual fund	Vanguard Intermediate-Term Treasury Fund	N/R	22,774
*	Mutual fund	Vanguard Mid-Cap Value Index Fund Investor Shares	N/R	22,099
*	Mutual fund	TIAA-CREF Lfcycle Rtmt Inc-Rtmt	N/R	21,741
*	Mutual fund	Vanguard Capital Value Fund	N/R	18,150
*	Mutual fund	Vanguard Energy Fund Investor Shares	N/R	18,143
*	Mutual fund	Fidelity Intm Govt Income	N/R	17,796
*	Mutual fund	DWS Enh Global Bd S	N/R	17,682
*	Mutual fund	Fidelity Convertible Sec	N/R	16,779
*	Mutual fund	DWS Small Cap Grth S	N/R	16,610
*	Mutual fund	Vanguard PRIMECAP Fund Investor Shares	N/R	16,427
*	Mutual fund	Fidelity Sel Banking	N/R	15,835
*	Mutual fund	Fidelity Intl Small Cap	N/R	15,670
*	Mutual fund	Vanguard Small-Cap Growth Index Fund Investor	N/R	15,112
*	Mutual fund	Fidelity Sel Energy Svcs	N/R	15,076
*	Mutual fund	DWS Global Grth S	N/R	14,427
*	Pooled separate account	Government Securities Fund	N/R	14,365
*	Mutual fund	Fidelity Intl Value	N/R	14,077
*	Mutual fund	Fidelity Sel Env Alt Engy	N/R	13,922
*	Mutual fund	Vanguard GNMA Fund Investor Shares	N/R	13,881
*	Mutual fund	Fidelity Glb Comdty Stk	N/R	13,835
*	Mutual fund	Fidelity Intl Real Estate	N/R	13,417
*	Mutual fund	Spartan Infl Pr Idx Adv	N/R	13,317
*	Pooled separate account	Capital Conservation	N/R	13,139
*	Mutual fund	Fidelity Global Balanced	N/R	12,854
*	Mutual fund	Vanguard LifeStrategy Income Fund	N/R	12,754
*	Mutual fund	Fidelity EMEA	N/R	12,714
*	Mutual fund	Vanguard Pacific Stock Index Fund Investor	N/R	12,389
*	Mutual fund	Fidelity Focused High Inc	N/R	12,355
*	Mutual fund	TIAA-CREF Lifecycle 2055-Rtmt	N/R	12,318
*	Pooled separate account	Money Market I Fund	N/R	12,042
*	Mutual fund	Fidelity Sel Air Transprt	N/R	11,975
*	Pooled separate account	Global Real Estate Fund	N/R	11,624
*	Mutual fund	Fidelity Sel Cons Discr	N/R	11,610
*	Mutual fund	Money Market II Fund	N/R	11,454
*	Mutual fund	Fidelity Mortgage Sec	N/R	11,371
*	Mutual fund	Vanguard Short-Term Bond Index Fund	N/R	11,316
*	Mutual fund	DWS Lc 2015 S	N/R	11,224
*	Pooled separate account	Small Cap Growth Fund	N/R	10,871
*	Mutual fund	Vanguard Long-Term Treasury Fund Investor	N/R	10,660
*	Mutual fund	DWS Core Plus Inc S	N/R	9,850
*	Mutual fund	Fidelity Sel Pharmaceutcl	N/R	9,574
*	Pooled separate account	Nasdaq-100(R) Index Fund	N/R	9,534
*	Mutual fund	DWS S&P 500 Index S	N/R	9,227
*	Mutual fund	Spartan Int Tr Indx Adv	N/R	8,842
*	Mutual fund	Spartan St Tr Indx Adv	N/R	8,769
*	Mutual fund	DWS Lc 2020 S	N/R	8,704
*	Mutual fund	Fidelity Sel Software	N/R	7,424
*	Mutual fund	Vanguard Extended Market Index Fund Investor	N/R	7,205
*	Pooled separate account	Mid Cap Growth Fund	N/R	6,791
*	Pooled separate account	Large Cap Value Fund	N/R	6,777
*	Mutual fund	DWS Emrg Mkt Eq S	N/R	6,494
*	Mutual fund	Vanguard Strategic Small-Cap Equity Fund	N/R	5,966
*	Mutual fund	Vanguard Short-Term Investment Grade Fund	N/R	5,429
*	Mutual fund	Fidelity Sm Cp Enh Indx	N/R	5,213
*	Mutual fund	Vanguard High-Yield Corporate Fund Investor	N/R	5,016
*	Mutual fund	T.Rowe Pnce Ret 2010 Adv	N/R	3,589
*	Mutual fund	T.Rowe Pnce Ret Inc Adv	N/R	3,487
*	Pooled separate account	Health Sciences Fund	N/R	3,188
*	Pooled separate account	Large Cap Core	N/R	2,692
*	Mutual fund	Fidelity Japan Smaller Co	N/R	2,633

West Virginia University Medical Corporation 403(b) Plan

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

EIN: 55-0492006 Plan Number: 003

December 31, 2014

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Amcent Real Estate Inv	N/R	2,496
*	Mutual fund	Fidelity Sel Utilities	N/R	2,385
*	Mutual fund	Fidelity Mid Cap Enh Indx	N/R	2,261
*	Mutual fund	Fidelity Govt Mmkt	N/R	1,999
*	Pooled separate account	Growth & Income Fund	N/R	1,874
*	Mutual fund	Fidelity Nordic	N/R	1,428
*	Mutual fund	Fidelity Sel Industrials	N/R	1,228
	Mutual fund	DWS Gld/Prec Metal S	N/R	1,040
*	Mutual fund	Fidelity Sel Financial	N/R	714
*	Mutual fund	Fidelity Japan	N/R	696
*	Pooled separate account	Global Social Awareness Fund	N/R	599
*	Mutual fund	Fidelity Lc Gro Enh Indx	N/R	585
*	Mutual fund	Fidelity Intl Enh Index	N/R	503
*	Mutual fund	Fidelity Sel Indust Equip	N/R	409
*	Mutual fund	Vanguard Dividend Appreciation Index Fund	N/R	406
*	Mutual fund	Fidelity Sel Automotive	N/R	242
*	Mutual fund	Fidelity Sel Computers	N/R	172
*	Notes receivable from participants	Interest rates: 3.00% - 5.00%	\$0	234,181
				<u><u>\$ 142,655,901</u></u>

* A party in interest as defined by ERISA

N/R - cost omitted for participant directed investments