

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 2014 This Form is Open to Public Inspection
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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 HOSPITALS RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</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 HOSPITALS, INC.</u> <u>DEPARTMENT 8121</u> <u>MEDICAL CENTER DRIVE</u> <u>MORGANTOWN, WV 26506</u>	2b Employer Identification Number (EIN) <u>55-0643304</u> 2c Plan Sponsor's telephone number <u>304-598-4075</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2015</u>	<u>CHRISTY CHRISTOPHER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 8616
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) 8032
a(2) Total number of active participants at the end of the plan year	6a(2) 8440
b Retired or separated participants receiving benefits	6b 154
c Other retired or separated participants entitled to future benefits.....	6c 1655
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 10249
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 12
f Total. Add lines 6d and 6e	6f 10261
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 7933
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 76
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: 2L 2M	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<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>
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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 HOSPITALS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY HOSPITALS, INC.	D Employer Identification Number (EIN) 55-0643304	

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

(a) Name of insurance carrier VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	62531	1058	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** 8881324**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** 8262933**c** Additions: (1) Contributions deposited during the year **7c(1)** 920035(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 255798(4) Transferred from separate account **7c(4)** 325533(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 1501366**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 9764299**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 776366(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 81643(4) Other (specify below) **7e(4)** 24966▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 882975**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 8881324

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) 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 HOSPITALS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY HOSPITALS, INC.	D Employer Identification Number (EIN) 55-0643304

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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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	102019	2924	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	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

(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	74953148
5 Current value of plan's interest under this contract in separate accounts at year end	5	108119155

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	71765476
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c Additions: (1) Contributions deposited during the year	7c(1)	3415229	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	2784363	
(4) Transferred from separate account	7c(4)	4137391	
(5) Other (specify below)	7c(5)	32318	

(6) Total additions	7c(6)	10369301
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d Total of balance and additions (add lines 7b and 7c(6))	7d	82134777
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4050311	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	2758200	
(4) Other (specify below)	7e(4)	373117	

(5) Total deductions	7e(5)	7181628
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	74953149
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 HOSPITALS RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEST VIRGINIA UNIVERSITY HOSPITALS, INC.</u>	D Employer Identification Number (EIN) <u>55-0643304</u>	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<u>FIDELITY INVESTMENTS INSTITUTIONAL COMPANY</u>
<u>04-2647786</u>

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<u>VALIC</u>
<u>74-1625348</u>

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

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

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)

EMPOWER RETIREMENT

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	5880	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

CBIZ FINANCIAL SOLUTIONS

PO BOX 632886
CINCINNATI, OH 45263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISOR	10564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	19585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STRATEGIC ADVISORS

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	1544	Yes ☒ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTIT OPER

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	1813	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?
27 28	INVESTMENT ADVISOR	27226	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)

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?
72 63 37 26 99 33 19 52 59 64 49 29 28 61	NONE	156056	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: 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 (EIN 23-2932984) MERGED INTO AND BECAME BAKER TILLEY VIRCHOW KRAUSE, LLP (EIN: 39-0859910). THIS 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:

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 HOSPITALS RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEST VIRGINIA UNIVERSITY HOSPITALS, INC.</u>		D Employer Identification Number (EIN) <u>55-0643304</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)	573664	1011329
(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)	938758	815947
(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)	1167637	1334725
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	8371984	9588652
(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)	222363706	243890601
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	80028409	83834473
(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	313444158	340475727

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
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	313444158	340475727
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7990074	
(B) Participants	2a(1)(B)	20077214	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		28067288

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)	63966	
(F) Other	2b(1)(F)	3040191	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3104157

(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)	6838857	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6838857

(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)		7621842
(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)		548233
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		46180377

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	18954625	
(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)		18954625
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)	194183	
(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)		194183
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19148808

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		27031569
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

<div>SCHEDULE R (Form 5500) <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>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>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 HOSPITALS RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY HOSPITALS, INC.				D Employer Identification Number (EIN) 55-0643304	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-1624203 74-1625348					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2014 v. 140124					

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 Hospitals, Inc.
403(b) Retirement Savings Plan**

Financial Statements and
Supplementary Information

December 31, 2014 and 2013



Candor. Insight. Results.

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

Notes to Financial Statements

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

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the West Virginia University Hospitals, Inc. 403(b) Retirement Savings 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 matters described in the Basis for Disclaimer of Opinion paragraphs, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("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 the Teachers Insurance and Annuity Association - College Retirement Equities Fund, the Variable Annuity Life Insurance Company, Great-West Life and Annuity Insurance Company, MetLife Associates LLC, Fidelity Management Trust Company, and T. Rowe Price Investment Services, Inc., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. 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.

In addition, as described in Note 12, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. If the identified contracts, as reported by the custodians, were included, net assets available for benefits would increase by approximately \$2.0 and \$2.1 million as of December 31, 2014 and 2013, respectively. Further, distributions, net of investment income, of approximately \$0.1 million related to such accounts, as identified by the custodians, have also been excluded in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2014. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Disclaimer of Opinion

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

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 the 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 Viechow Krause, LLP

Pittsburgh, Pennsylvania
October 9, 2015

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

Statement of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at fair value	<u>\$ 338,129,673</u>	<u>\$ 311,702,857</u>
Receivables:		
Employer contribution	1,011,329	573,664
Notes receivable from participants	<u>1,334,725</u>	<u>1,167,637</u>
Total receivables	<u>2,346,054</u>	<u>1,741,301</u>
Total assets	340,475,727	313,444,158
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 340,475,727</u></u>	<u><u>\$ 313,444,158</u></u>

See notes to financial statements

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

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2014

Additions

Investment income:

Net appreciation in fair value of investments \$ 8,170,075

Interest and dividends 9,879,048

Total investment income 18,049,123

Interest income on notes receivable from participants 63,966

Contributions:

Participants 20,077,214

Employer 7,990,074

Total contributions 28,067,288

Total additions 46,180,377

Deductions

Benefits paid to participants 18,954,625

Administrative expenses 194,183

Total deductions 19,148,808

Net increase 27,031,569

Net Assets Available for Benefits

Beginning of year 313,444,158

End of year \$ 340,475,727

See notes to financial statements

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

Notes to Financial Statements
December 31, 2014 and 2013

1. Description of the Plan

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

General

The Plan is a defined contribution plan covering all non-leased and non-common law employees of West Virginia University Hospitals, Inc. ("WVUH"), West Virginia University Hospitals-East ("East"), and United Hospital Center, Inc. ("UHC"), (collectively, the "Company"). There is no age requirement or minimum service requirement for participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Investment Options

The custodians of the Plan are the Teachers Insurance Annuity Association and College Retirement Equity Fund ("TIAA-CREF"), Variable Annuity Life Insurance Company ("VALIC"), Great-West Life and Annuity Insurance Company ("Great-West"), MetLife Associates LLC ("Met Life"), T. Rowe Price Investment Services, Inc. ("T. Rowe Price") and Fidelity Management Trust Company ("Fidelity"), collectively referred to as "the Custodians." TIAA-CREF, VALIC, Great-West, MetLife, T. Rowe Price 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 that are employees of WVUH and have completed two years of credited service, as defined by the Plan, are eligible to receive nondiscretionary Company matching contributions equal to 100 percent of the first 5 percent of eligible compensation.

Participants that are non-highly-compensated employees of East are eligible to receive discretionary Company matching contributions equal to 50 percent of the first 2 percent of eligible compensation that participants contribute to the Plan plus 50 percent of 2 percent of participants' eligible compensation. In addition, during 2015, the Plan adopted a retroactive amendment to 2014, that provides for all future nonelective Company contributions earned by non-highly compensated employees of East under a separate qualified defined contribution plan sponsored by East that maintain participant accounts in the Plan to be invested in the Plan.

Participants that are employees of UHC are not eligible to receive Company contributions.

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

Notes to Financial Statements

December 31, 2014 and 2013

Participants direct the investment of all contributions into various investment options offered by the Plan. 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 (a) the Company's contributions for participants that are employees of WVUH and East, and (b) Plan 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 voluntary contributions as well as all Company contributions plus actual earnings thereon.

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. Borrowings are secured by the balance in the participant's account and bear interest at rates that range from 4.25 percent to 9.25 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 may elect to receive a lump-sum, partial, or annual installment payment amounts equal to the value of the participant's vested interest in their account. The amount, form, and timing of distributions available to a participant may also be limited by the investment options that comprise their vested account balance. In addition, the Plan allows for hardship distributions if certain criteria are met.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

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 contract value of the guaranteed annuity contracts, as contract value approximates fair value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis for fully benefit-responsive investment contracts.

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

Notes to Financial Statements
December 31, 2014 and 2013

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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 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 Hospitals, Inc. 403(b) Retirement Savings 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 9, 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 Hospitals, Inc. 403(b) Retirement Savings 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 daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds are valued at the quoted NAV of shares held by the Plan at year end.

CREF separate accounts are valued based on NAV per unit of participation in the fund. 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. Due to the nature of these securities, there are no unfunded commitments or significant redemption restrictions. 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 balanced funds' objectives are for long-term rates of return and stable income through diversification. The funds invest in equities, long-term bonds and short-term investments.

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

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

Notes to Financial Statements

December 31, 2014 and 2013

The TIAA real estate fund is valued based on NAV per unit of participation in the fund and has no unfunded commitments or significant redemption restrictions. The fund's objective is for long-term returns through rental income and appreciation of real estate investments owned in the fund. The fund invests in real property and short-term high quality investments to maintain liquidity to guarantee redemption requests. The real properties consist of office, industrial, retail, and multi-family residential properties. The account is permitted to invest in foreign real estate investments. The values of the properties held in the fund are based on professional opinions and appraisals which incorporate valuation methodologies to determine fair value including cash flows models, market models and other similar techniques.

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

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

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 Notes 5 and 6 for a discussion of restrictions), and is an unfunded commitment as claims against the contracts are solely supported by TIAA-CREF's ability to pay on such claims. The redemption restrictions do not have a material impact on the contract value of the TIAA Account.

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

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

Notes to Financial Statements
December 31, 2014 and 2013

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

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

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Guaranteed annuity contracts:				
TIAA Account	\$ -	\$ -	\$ 74,953,149	\$ 74,953,149
VALIC Fixed Interest Account	-	-	8,881,324	8,881,324
CREF separate accounts:				
Balanced funds	-	51,176,546	-	51,176,546
Equity funds	-	21,929,733	-	21,929,733
Fixed income funds	-	9,731,298	-	9,731,298
International equity fund	-	11,272,384	-	11,272,384
Real estate fund	-	9,588,652	-	9,588,652
Money market fund	-	4,420,543	-	4,420,543
Mutual funds:				
Balanced	69,267,659	-	-	69,267,659
Equity	35,887,679	-	-	35,887,679
International	14,650,720	-	-	14,650,720
Growth	12,818,095	-	-	12,818,095
Index	7,519,531	-	-	7,519,531
Fixed income	5,216,413	-	-	5,216,413
Money market funds	815,947	-	-	815,947
Total assets at fair value	<u>\$ 146,176,044</u>	<u>\$ 108,119,156</u>	<u>\$ 83,834,473</u>	<u>\$ 338,129,673</u>

West Virginia University Hospitals, Inc. 403(b) Retirement Savings 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
Guaranteed annuity contracts:				
TIAA Account	\$ -	\$ -	\$ 71,765,476	\$ 71,765,476
VALIC Fixed Interest Account	-	-	8,262,933	8,262,933
CREF separate accounts:				
Balanced funds	-	49,558,994	-	49,558,994
Equity funds	-	20,491,148	-	20,491,148
Fixed income funds	-	9,214,136	-	9,214,136
International equity fund	-	10,636,929	-	10,636,929
Real estate fund	-	8,371,984	-	8,371,984
Money market fund	-	4,215,964	-	4,215,964
Mutual funds:				
Balanced	55,610,988	-	-	55,610,988
Equity	34,382,702	-	-	34,382,702
International	13,733,282	-	-	13,733,282
Growth	12,156,503	-	-	12,156,503
Index	7,807,360	-	-	7,807,360
Fixed income	4,556,100	-	-	4,556,100
Money market funds	938,358	-	-	938,358
Total assets at fair value	<u>\$ 129,185,293</u>	<u>\$ 102,489,155</u>	<u>\$ 80,028,409</u>	<u>\$ 311,702,857</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014:

	Guaranteed Annuity Contracts
Balance, beginning of year	\$ 80,028,409
Contributions	4,110,490
Interest	3,040,191
Withdrawals	(4,851,059)
Transfers	1,531,408
Fees	(24,966)
Balance, end of year	<u>\$ 83,834,473</u>

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

Notes to Financial Statements
December 31, 2014 and 2013

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

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, as of December 31, 2014 and 2013, respectively, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value December 31, 2014	Fair Value December 31, 2013	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Guaranteed annuity contracts	\$ 83,834,473	\$ 80,028,409	Discounted cash flow	Risk adjusted discount rate	2.15% - 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	\$ 74,953,149	\$ 71,765,476
CREF Stock	46,440,799	45,183,017

In 2014, the Plan's investments in CREF separate accounts and mutual funds (including gains and losses on investments bought, sold, as well as held during the year) appreciated in value by \$7,621,842 and \$548,233, 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 Income Account. 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 Hospitals, Inc. 403(b) Retirement Savings 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 Interest Account are fully-benefit responsive guaranteed contracts, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed annuity contracts. 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 adjustment, 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 Interest Account are single group annuity contracts with fixed rates of interest. Interest is credited to the accounts and accumulations include a guaranteed rate, plus discretionary additional amounts determined annually by TIAA-CREF and VALIC. The additional amounts, when declared, remain in effect through each account's declaration year. Premiums remitted earn interest at each account's guaranteed annual interest rate and are 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 guaranteed 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 Interest Account	2.15% - 2.25%	2.25%

West Virginia University Hospitals, Inc. 403(b) Retirement Savings 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 participant's account balances. These transactions qualify as party in interest transactions.

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

TIAA-CREF issues loans to plan participants which are secured by the participant's account balance. Such loans are not assets of the Plan but are contractual agreements between TIAA-CREF and the plan participant and are funded by TIAA-CREF's general fund. A participant is required to transfer 110 percent of the loan value to the TIAA Account upon the issuance of the loan and is restricted from transfers or withdrawals. The restricted account balance is used as collateral on the loan balance in accordance with the terms of the note. Loan amounts can range from a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of a participant's vested account balance and bear interest at rates which are dependent on the composition of the participant's account balance. These transactions qualify as party in interest transactions. As of December 31, 2014 and 2013, participant account balances which were held in the TIAA Account that collateralized these loans totaled \$3,016,643 and \$2,890,044, respectively.

7. Plan Termination

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

8. Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. Effective April 2013, the IRS 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.

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

Notes to Financial Statements
December 31, 2014 and 2013

9. Risks and Uncertainties

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

10. Administration of Plan Assets

The Plan's assets are administered under contracts with TIAA-CREF, VALIC, Great-West, Met Life, T. Rowe Price and Fidelity, the Custodians of the Plan. The Custodians invest 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.

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 ("DOL") 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. Custodial Accounts Excluded from Financial Statements

As permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans* ("FAB 2009-02"), the plan administrator has elected to exclude certain custodial accounts from the Plan's financial statements. These custodial accounts were limited to employee contributions held under a voluntary 403(b) plan arrangement prior to January 1, 2009. The excluded custodial accounts consisted of investment assets of approximately \$2.0 million as of December 31, 2014 and \$2.1 million as of December 31, 2013, and benefit payments, net of investment income of approximately \$0.1 million for the year ended December 31, 2014.

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

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

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Guaranteed annuity contract	TIAA Traditional Annuity Account	N/R	\$ 74,953,149
*	Pooled separate account	CREF Stock	N/R	46,440,799
*	Pooled separate account	CREF Growth	N/R	14,585,413
*	Pooled separate account	CREF Global Equities	N/R	11,272,384
*	Pooled separate account	TIAA Real Estate	N/R	9,588,652
*	Guaranteed annuity contract	VALIC Fixed Interest Account	N/R	8,881,324
*	Mutual fund	TIAA-CREF Lifecycle 2040-Rtmt	N/R	8,118,882
*	Pooled separate account	CREF Equity Index	N/R	7,344,320
*	Pooled separate account	CREF Bond Market	N/R	7,113,448
	Mutual fund	PIMCO Total Return A	N/R	5,434,879
	Mutual fund	DWS S&P 500 Index S	N/R	5,254,178
	Mutual fund	American Fnds CP Wrld G/I	N/R	4,751,437
*	Pooled separate account	CREF Social Choice	N/R	4,735,747
*	Pooled separate account	CREF Money Market	N/R	4,420,543
	Mutual fund	Amer Funds Grth Fund R3	N/R	3,710,599
*	Mutual fund	TIAA-CREF Lifecycle 2025-Rtmt	N/R	3,547,664
	Mutual fund	DWS Large Cap Value S	N/R	3,479,032
*	Mutual fund	TIAA-CREF Lifecycle 2030-Rtmt	N/R	3,426,700
	Mutual fund	DWS Core Equity S	N/R	3,425,855
*	Mutual fund	TIAA-CREF Lifecycle 2035-Rtmt	N/R	3,217,658
*	Mutual fund	TIAA-CREF Lifecycle 2020-Rtmt	N/R	3,136,730
	Mutual fund	Oppen Main St. SM & Mid Cap N	N/R	3,066,614
	Mutual fund	Oppenheimer International Growth N	N/R	2,985,224
*	Mutual fund	TIAA-CREF Lifecycle 2050-Rtmt	N/R	2,792,560
*	Mutual fund	Fidelity Freedom 2020	N/R	2,776,307
*	Pooled separate account	CREF Inflation-Linked Bond	N/R	2,617,850
*	Mutual fund	Fidelity Contrafund	N/R	2,574,639
	Mutual fund	Columbia Sm Cp Val II A	N/R	2,302,108
*	Mutual fund	Fidelity Freedom 2010	N/R	2,142,408
*	Mutual fund	Fidelity Freedom 2025	N/R	2,140,493
*	Mutual fund	Fidelity Freedom 2020	N/R	2,042,418
*	Mutual fund	TIAA-CREF Lifecycle 2045-Rtmt	N/R	2,035,940
*	Mutual fund	Fidelity Freedom 2030	N/R	2,033,729
*	Mutual fund	TIAA-CREF Mid-Cap Val-Rtmt	N/R	2,032,477
*	Mutual fund	TIAA-CREF Lg-Cap Val-Rtmt	N/R	2,030,695
*	Mutual fund	Fidelity Freedom 2030	N/R	1,962,640
	Mutual fund	PIMCO Tot Return Adm	N/R	1,849,044
*	Mutual fund	TIAA-CREF International Eq-Rtmt	N/R	1,813,149
	Mutual fund	DWS Dreman Mid Cap Value S	N/R	1,776,632
*	Mutual fund	TIAA-CREF Lifecycle 2015-Rtmt	N/R	1,672,292
	Mutual fund	Artisan Mid Cap Value	N/R	1,668,293
*	Mutual fund	Fidelity Freedom 2040	N/R	1,600,022
	Mutual fund	Wells Fargo ADV Com Stk Inv	N/R	1,535,464
*	Mutual fund	Fidelity Low Pr Stk	N/R	1,489,435
	Mutual fund	Amer Funds EuroPac R4	N/R	1,413,066
*	Mutual fund	T. Rowe Price RTMT 2020 R	N/R	1,361,500
*	Mutual fund	TIAA-CREF Small-Cap Eq-Rtmt	N/R	1,354,207
*	Mutual fund	Fidelity Freedom 2025	N/R	1,336,238
	Mutual fund	JP Morgan Small Cap Gr A	N/R	1,308,808
*	Mutual fund	Great-West Guaranteed Portfolio Fund	N/R	1,297,237
	Mutual fund	Baron Growth	N/R	1,287,864
*	Mutual fund	Fidelity Freedom 2035	N/R	1,271,829
	Mutual fund	Invesco Endeavor R	N/R	1,181,959
*	Mutual fund	Fidelity Freedom 2015	N/R	1,100,111
*	Mutual fund	T. Rowe Price Retirement 2020 Fund - R	N/R	1,097,318
*	Mutual fund	Fidelity Freedom 2050	N/R	1,025,206
*	Mutual fund	T. Rowe Price RTMT 2040 R	N/R	980,158
*	Mutual fund	TIAA-CREF Lifecycle 2010-Rtmt	N/R	944,182
	Mutual fund	MFS Blended Research CRE EQ R2	N/R	846,903
	Mutual fund	SSgA S & P 500 Index	N/R	826,030
	Mutual fund	American Funds Income Fund R4	N/R	816,370
	Mutual fund	DWS Growth S	N/R	811,745
*	Mutual fund	Fidelity Freedom 2045	N/R	765,101
*	Mutual fund	Fidelity Freedom 2055	N/R	749,480
*	Mutual fund	Fidelity Freedom 2040	N/R	714,499
	Mutual fund	DWS Pssrs Cash Invmt Trust S	N/R	689,536
	Mutual fund	Invesco Developing Markets I	N/R	682,561
	Mutual fund	Allianz NFJ Dividen Val R	N/R	680,195
	Mutual fund	Virtus Real Estate SEC A	N/R	666,316
*	Mutual fund	Spartan 500 Index Advantage	N/R	665,499
	Mutual fund	DWS Global High Income S	N/R	662,446

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

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Goldman Sachs Mid Cap Value A	N/R	634,121
	Mutual fund	American Funds Cap Wld Gr & Inc R3	N/R	634,068
*	Mutual fund	TIAA-CREF Mid-Cap Gr-Rtmt	N/R	626,994
*	Mutual fund	TIAA-CREF Lifecycle 2055-RTMT	N/R	618,005
	Mutual fund	PIMCO Total Return Fund - Admin	N/R	601,243
	Mutual fund	Amcent Inf-Adj Bond Inv	N/R	562,189
*	Mutual fund	T. Rowe Price RTMT INC R	N/R	560,243
*	Mutual fund	T. Rowe Price RTMT 2030 R	N/R	559,777
	Mutual fund	DWS Health Care Fund S	N/R	525,990
*	Mutual fund	Fidelity Growth Company	N/R	510,947
*	Mutual fund	Fidelity Intl Discovery	N/R	504,744
	Mutual fund	DWS US Treasury S	N/R	491,073
	Mutual fund	DWS Global Small Cap Growth S	N/R	479,891
*	Mutual fund	TIAA-CREF Real Est Secs-Rtmt	N/R	476,173
*	Mutual fund	Fidelity Intermed Bond	N/R	462,733
*	Mutual fund	Fidelity Mid Cap Stock	N/R	433,082
	Mutual fund	RS Partners A	N/R	429,922
	Mutual fund	DWS Large Cap Focus Growth S	N/R	425,989
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	417,113
*	Mutual fund	Fidelity Diversified Intl	N/R	415,537
*	Money market	Fidelity Ret Govt MM	N/R	405,630
	Mutual fund	DWS Global Income Builder	N/R	378,228
*	Mutual fund	Fidelity Equity Income	N/R	370,497
*	Mutual fund	Fidelity Freedom 2015	N/R	363,339
*	Mutual fund	Fidelity Freedom 2045	N/R	356,990
*	Mutual fund	Fidelity Freedom 2035	N/R	345,276
	Mutual fund	Columbia Sm Cp Index A	N/R	340,755
	Mutual fund	JP Morgan Large Cap Gr A	N/R	336,797
	Mutual fund	American Funds EuroPacific R3	N/R	332,971
*	Mutual fund	VALIC Fixed Account Plus	N/R	320,228
*	Mutual fund	TIAA-CREF Gr & Inc-Rtmt	N/R	293,132
	Mutual fund	American Funds Fundamental Inv Fund R3	N/R	256,525
*	Mutual fund	T. Rowe Price Retirement 2030 Fund - R	N/R	252,343
	Mutual fund	DWS GNMA S	N/R	251,177
	Mutual fund	ABF Lg Cap Val Inv	N/R	242,496
*	Mutual fund	Fidelity Mid Cap Value	N/R	242,077
	Mutual fund	DWS Latin Amer Equity S	N/R	240,027
*	Mutual fund	Franklin Templeton Conservative Allocation Fund Class	N/R	227,300
*	Mutual fund	T. Rowe Price RTMT 2010 R	N/R	223,783
*	Mutual fund	T. Rowe Price Retirement 2010 Fund - R	N/R	214,070
*	Mutual fund	Fidelity Contrafund	N/R	211,103
*	Mutual fund	Fidelity Strategic Income	N/R	207,573
	Mutual fund	American Funds High Income Tr R3	N/R	176,954
*	Mutual fund	T. Rowe Price Retirement 2050 Fund - R	N/R	176,274
*	Mutual fund	Fidelity Magellan	N/R	175,507
*	Mutual fund	TIAA-CREF Social Choice Eq-Rtmt	N/R	174,012
*	Mutual fund	Fidelity Stock Sel Large Cap Value	N/R	173,888
*	Mutual fund	Fidelity Invst Gr Bd	N/R	171,500
*	Mutual fund	Fidelity Freedom Income	N/R	171,294
	Mutual fund	Neuberger Ber Soc Res Tr	N/R	170,898
*	Mutual fund	Great-West Systematic Withdrawal Fund	N/R	170,250
	Mutual fund	Delaware Emerging Markets A	N/R	166,581
	Mutual fund	DWS Technology S	N/R	157,728
	Mutual fund	Perkins Mid CP Val T	N/R	156,902
	Mutual fund	Vanguard Target Retirement 2025 Fund	N/R	155,953
*	Money market	Fidelity Retire Mmkt	N/R	155,530
*	Mutual fund	Fidelity Blue Chip Growth	N/R	155,015
*	Mutual fund	Fidelity New Markets Inc	N/R	152,341
	Mutual fund	DWS Global Bond Fund S	N/R	149,871
*	Mutual fund	Fidelity Overseas	N/R	147,204
	Mutual fund	Columbia Acorn Fund -Z	N/R	146,737
	Mutual fund	Northwest Mutual Balanced MSA	N/R	143,761
*	Mutual fund	TIAA-CREF S&P 500 Index-Rtmt	N/R	142,070
*	Mutual fund	Spartan US Bond Index	N/R	139,078
*	Mutual fund	Fidelity Freedom 2050	N/R	137,041
*	Mutual fund	Fidelity Equity Income	N/R	135,889
*	Mutual fund	Spartan 500 Index Advantage	N/R	134,845
	Mutual fund	Maxim Ariel MidCap Value Portfolio	N/R	130,573
	Mutual fund	DWS Short Duration S	N/R	124,784
	Mutual fund	Janus Twenty Fund T	N/R	124,627
	Mutual fund	Vanguard Target Retirement 2030 Fund	N/R	123,294

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

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Oppenheimer Gold & Specia	N/R	116,730
	Mutual fund	MFS Total Return Fund	N/R	116,550
	Mutual fund	MSIF Emerging Mkts P	N/R	109,277
	Mutual fund	Vanguard Wellesley Income Fund Investor Shares	N/R	108,717
*	Money market	T. Rowe Price Prime Account	N/R	103,856
*	Mutual fund	Fidelity Growth & Income	N/R	102,930
	Mutual fund	Maxim T. Rowe Price Equity/Income Port	N/R	96,181
	Mutual fund	JH Small Company A	N/R	94,311
	Mutual fund	Templeton Foreign A	N/R	93,537
*	Mutual fund	Fidelity Small Cap Value	N/R	92,480
*	Mutual fund	T. Rowe Price Equity Income	N/R	86,862
*	Mutual fund	Spartan International Index Advantage	N/R	85,995
	Mutual fund	Vanguard 500 Index Fund Investor Shares	N/R	84,997
	Mutual fund	Delaware Life GGC Fund	N/R	84,116
*	Mutual fund	Fidelity Freedom 2010	N/R	83,929
*	Mutual fund	Fidelity Value	N/R	79,875
	Mutual fund	Vanguard Wellington Fund Investor Shares	N/R	76,761
	Mutual fund	Loomis Sm Cap Val R	N/R	73,793
*	Mutual fund	Fidelity Value	N/R	73,194
	Mutual fund	Lord Abbet Developing Growth P	N/R	69,780
*	Mutual fund	Fidelity Stock Sel All Cap	N/R	68,912
	Mutual fund	SSGA Money Market Fund	N/R	67,965
	Mutual fund	Maxim Stock Index Portfolio	N/R	67,712
*	Mutual fund	T. Rowe Price New Era	N/R	64,083
	Mutual fund	Oppenheimer Capital Appreciation Fund	N/R	61,037
	Mutual fund	Vanguard STAR Fund	N/R	60,144
*	Mutual fund	Fidelity Intl Discovery	N/R	59,805
	Mutual fund	Vanguard PRIMECAP Fund Investor Shares	N/R	58,976
*	Mutual fund	Fidelity Mid Cap Stock	N/R	58,616
	Money market	Maxim Money Market Portfolio	N/R	58,095
*	Mutual fund	T. Rowe Price New Horizon	N/R	57,814
*	Mutual fund	Fidelity Freedom 2005	N/R	56,856
*	Mutual fund	Fidelity Asset MGR 50%	N/R	55,615
	Mutual fund	Hotchkis and Wiley Small Cap Value A	N/R	54,864
	Mutual fund	Small Cap Fund	N/R	52,445
*	Mutual fund	Fidelity Freedom 2055	N/R	51,566
*	Mutual fund	T. Rowe Price Small Cap Value	N/R	51,016
*	Mutual fund	Fidelity Small Cap Growth	N/R	42,274
*	Mutual fund	Fidelity Freedom Income	N/R	41,918
	Mutual fund	Maxim Loomis Sayles Bond Portfolio	N/R	41,812
	Mutual fund	Science & Technology Fund	N/R	40,875
*	Mutual fund	T. Rowe Price New Income	N/R	40,550
	Mutual fund	Prudential Jennison Small Company A	N/R	40,409
	Mutual fund	Core Equity Fund	N/R	40,207
	Mutual fund	Perkins Small Cap Value Fund T	N/R	40,108
	Mutual fund	Maxim Index 600 Portfolio	N/R	39,041
*	Mutual fund	VALIC Stock Index Fund	N/R	38,366
	Money market	Vanguard Prime Money Market Fund	N/R	37,832
	Mutual fund	Vanguard US Growth Fund Investor Shares	N/R	37,657
	Mutual fund	CB Value TR FI	N/R	37,642
*	Mutual fund	T. Rowe Price Equity Income	N/R	37,311
	Mutual fund	Vanguard Windor II Fund Investor Shares	N/R	36,412
	Mutual fund	TRP Real Estate	N/R	36,356
	Mutual fund	Delaware Life MIG Fund	N/R	35,984
	Mutual fund	INVESCO Mid Cap Core Equity Fund - A	N/R	35,594
	Mutual fund	Vanguard LifeStrategy Growth Fund	N/R	35,130
	Mutual fund	Vanguard 500 Index Fund	N/R	34,559
*	Mutual fund	T. Rowe Price Retirement Income Fund R	N/R	34,249
*	Mutual fund	T. Rowe Price International Stock	N/R	31,176
*	Mutual fund	Fidelity Dividend Growth	N/R	30,934
	Mutual fund	Maxim MFS International Value Portfolio	N/R	30,022
*	Mutual fund	T. Rowe Price Health Science	N/R	28,964
	Mutual fund	Vanguard Growth Index Fund Investor Shares	N/R	28,727
*	Mutual fund	T. Rowe Price Science & Technology	N/R	27,618
*	Money market	T. Rowe Price Prime Account	N/R	27,243
*	Mutual fund	VALIC Growth Fund	N/R	25,712
*	Money market	T. Rowe Price Sum Cash	N/R	25,634
*	Mutual fund	T. Rowe Price International Stock	N/R	25,540
	Mutual fund	PIMCO Total Return Admin	N/R	23,791
*	Mutual fund	Fidelity VIP II ContraFund	N/R	23,309
*	Mutual fund	T. Rowe Price Personal Balance	N/R	21,988

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

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Janus Balanced Fund T	N/R	21,818
*	Mutual fund	Fidelity Sel Computers	N/R	21,626
*	Mutual fund	INVESCO International Growth Fund	N/R	21,388
*	Mutual fund	Fidelity Cap Appreciation	N/R	21,332
*	Mutual fund	T. Rowe Price Science & Technology	N/R	20,318
*	Mutual fund	VALIC Large Capital Growth	N/R	20,282
*	Mutual fund	T. Rowe Price Equity Index	N/R	18,494
*	Mutual fund	T. Rowe Price Blue Chip	N/R	17,412
*	Mutual fund	T. Rowe Price Growth Stock	N/R	16,740
*	Mutual fund	LM CBA Aggressive Growth A	N/R	16,688
*	Mutual fund	Vanguard Life Strategy Moderate Growth Fund	N/R	16,363
*	Mutual fund	Fidelity Disciplined Eqty	N/R	15,131
*	Mutual fund	Vanguard LifeStrategy Conservative Growth Fund	N/R	14,647
*	Mutual fund	VALIC Ariel Appreciation Fund	N/R	13,670
*	Mutual fund	LM CBA Large Cap Growth A	N/R	13,430
*	Mutual fund	T. Rowe Price Growth Stock	N/R	12,810
*	Mutual fund	VALIC International Growth I Fund	N/R	12,700
*	Mutual fund	Lord Abbet Bond Debenture A	N/R	12,218
*	Mutual fund	VALIC Global and Social Awareness Fund	N/R	12,098
*	Mutual fund	Maxim US Government Securities Portfolio	N/R	11,767
*	Mutual fund	Fidelity Stock Sell Mid Cap	N/R	10,497
*	Mutual fund	American Century Income & Growth Fund	N/R	10,468
*	Mutual fund	Fidelity Stock Sel Small Cap	N/R	10,406
*	Mutual fund	TIAA-CREF Lifecycle Rltmt Inc-Rltmt LD	N/R	10,018
*	Mutual fund	T. Rowe Price Dividend Growth	N/R	9,924
*	Mutual fund	Vanguard International Growth Fund Investor Shares	N/R	9,572
*	Mutual fund	Fidelity Sel Electronics	N/R	9,108
*	Mutual fund	T. Rowe Price New Horizon	N/R	9,049
*	Mutual fund	Vanguard Windsor II	N/R	8,680
*	Mutual fund	Fidelity Gr Strategies	N/R	7,999
*	Mutual fund	Spartan US Bond Index	N/R	7,965
*	Mutual fund	MFS Value Fund - A	N/R	7,478
*	Mutual fund	T. Rowe Price Mid Cap Value	N/R	7,200
*	Mutual fund	Dreyfus S & P 500 Index fund	N/R	7,090
*	Mutual fund	VALIC International Equities Fund	N/R	6,888
*	Mutual fund	VALIC International Government Bond Fund	N/R	6,815
*	Mutual fund	Fidelity Disciplined Eqty	N/R	6,598
*	Mutual fund	Delaware Life GSS Fund	N/R	6,500
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	6,227
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	4,876
*	Mutual fund	Fidelity Asset MGR 20%	N/R	4,861
*	Mutual fund	Fidelity Growth Company	N/R	4,763
*	Mutual fund	Dreyfus International Stock Index	N/R	4,461
*	Mutual fund	Fidelity OTC Portfolio	N/R	4,083
*	Mutual fund	T. Rowe Price New Income	N/R	4,080
*	Mutual fund	Dreyfus Bond Market Index Fund Investor	N/R	4,017
*	Mutual fund	Delaware Life MMS Fund	N/R	4,010
*	Mutual fund	Fidelity Sel Software	N/R	3,546
*	Mutual fund	VALIC Short Term Fixed Account	N/R	3,520
*	Mutual fund	Fidelity Fidelity	N/R	3,461
*	Mutual fund	Vanguard Small-Cap Index Fund -Inv	N/R	3,420
*	Mutual fund	T. Rowe Price Mid Cap Growth	N/R	3,271
*	Mutual fund	T. Rowe Price Captial Appreciation	N/R	3,228
*	Mutual fund	LM CBA Large Cap Value A	N/R	2,970
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	2,957
*	Mutual fund	Great-West Banded Portfolio Fund	N/R	2,776
*	Mutual fund	Fidelity Puritan	N/R	2,751
*	Mutual fund	VALIC Mid Cap Strategic Gwth	N/R	2,454
*	Mutual fund	Legg Mason ClearBridge Mid Cap Core A	N/R	2,323
*	Mutual fund	Fidelity Advisor High Income Advantage	N/R	2,262
*	Mutual fund	Fidelity Growth Discovery	N/R	2,228
*	Money market	Fidelity Retire Mmkt	N/R	2,127
*	Mutual fund	Mid Cap Index Fund	N/R	2,054
*	Mutual fund	Dreyfus Appreciation Fund	N/R	2,029
*	Mutual fund	VALIC Emerging Economies	N/R	1,933
*	Mutual fund	Alliance Bernstein 2010 Retirement Str K	N/R	1,872
*	Mutual fund	T. Rowe Price Financial Services	N/R	1,837
*	Mutual fund	Vanguard Total Bond Market Index Fund	N/R	1,803
*	Mutual fund	Vanguard Prime Money Market	N/R	1,757
*	Mutual fund	Wells Fargo Adv Income Plus Investor	N/R	1,691
*	Mutual fund	VALIC Dividend Value	N/R	1,656

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

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Vanguard Windsor Fund Investor Shares	N/R	1,650
	Mutual fund	PIMCO Com Real Ret I	N/R	1,445
*	Mutual fund	Fidelity New Markets Inc	N/R	1,316
*	Mutual fund	Fidelity Govt Income	N/R	1,287
*	Mutual fund	VALIC Small Cap Index Fund	N/R	1,192
*	Mutual fund	Fidelity Sel Financial	N/R	1,151
*	Mutual fund	Fidelity Sel Technology	N/R	1,077
*	Mutual fund	Fidelity Asset MGR 70%	N/R	859
	Mutual fund	MFS Core Equity A	N/R	677
	Mutual fund	Janus Flexible Bond I	N/R	486
	Mutual fund	Vanguard Growth and Income Fund Investor Shares	N/R	350
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	245
*	Mutual fund	Fidelity GNMA	N/R	224
*	Mutual fund	VALIC Foreign Value	N/R	145
*	Notes receivable from participants	Interest rates: 4.25% - 9.25%	\$0	1,334,725
				<u>\$ 339,464,398</u>

* A party in interest as defined by ERISA
N/R - Participant directed investments, cost not required to be reported

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

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Guaranteed annuity contract	TIAA Traditional Annuity Account	N/R	\$ 74,953,149
*	Pooled separate account	CREF Stock	N/R	46,440,799
*	Pooled separate account	CREF Growth	N/R	14,585,413
*	Pooled separate account	CREF Global Equities	N/R	11,272,384
*	Pooled separate account	TIAA Real Estate	N/R	9,588,652
*	Guaranteed annuity contract	VALIC Fixed Interest Account	N/R	8,881,324
*	Mutual fund	TIAA-CREF Lifecycle 2040-Rtmt	N/R	8,118,882
*	Pooled separate account	CREF Equity Index	N/R	7,344,320
*	Pooled separate account	CREF Bond Market	N/R	7,113,448
	Mutual fund	PIMCO Total Return A	N/R	5,434,879
	Mutual fund	DWS S&P 500 Index S	N/R	5,254,178
	Mutual fund	American Fnds CP Wrld G/I	N/R	4,751,437
*	Pooled separate account	CREF Social Choice	N/R	4,735,747
*	Pooled separate account	CREF Money Market	N/R	4,420,543
	Mutual fund	Amer Funds Grth Fund R3	N/R	3,710,599
*	Mutual fund	TIAA-CREF Lifecycle 2025-Rtmt	N/R	3,547,664
	Mutual fund	DWS Large Cap Value S	N/R	3,479,032
*	Mutual fund	TIAA-CREF Lifecycle 2030-Rtmt	N/R	3,428,700
	Mutual fund	DWS Core Equity S	N/R	3,425,855
*	Mutual fund	TIAA-CREF Lifecycle 2035-Rtmt	N/R	3,217,658
*	Mutual fund	TIAA-CREF Lifecycle 2020-Rtmt	N/R	3,136,730
	Mutual fund	Oppen Main St. SM & Mid Cap N	N/R	3,066,614
	Mutual fund	Oppenheimer International Growth N	N/R	2,985,224
*	Mutual fund	TIAA-CREF Lifecycle 2050-Rtmt	N/R	2,792,560
	Mutual fund	Fidelity Freedom 2020	N/R	2,776,307
*	Pooled separate account	CREF Inflation-Linked Bond	N/R	2,617,850
*	Mutual fund	Fidelity Contrafund	N/R	2,574,639
	Mutual fund	Columbia Sm Cp Val II A	N/R	2,302,108
*	Mutual fund	Fidelity Freedom 2010	N/R	2,142,408
*	Mutual fund	Fidelity Freedom 2025	N/R	2,140,493
*	Mutual fund	Fidelity Freedom 2020	N/R	2,042,418
*	Mutual fund	TIAA-CREF Lifecycle 2045-Rtmt	N/R	2,035,940
*	Mutual fund	Fidelity Freedom 2030	N/R	2,033,729
*	Mutual fund	TIAA-CREF Mid-Cap Val-Rtmt	N/R	2,032,477
*	Mutual fund	TIAA-CREF Lg-Cap Val-Rtmt	N/R	2,030,695
*	Mutual fund	Fidelity Freedom 2030	N/R	1,962,640
	Mutual fund	PIMCO Tot Return Adm	N/R	1,849,044
*	Mutual fund	TIAA-CREF International Eq-Rtmt	N/R	1,813,149
	Mutual fund	DWS Dreman Mid Cap Value S	N/R	1,776,632
*	Mutual fund	TIAA-CREF Lifecycle 2015-Rtmt	N/R	1,672,292
	Mutual fund	Artisan Mid Cap Value	N/R	1,668,293
*	Mutual fund	Fidelity Freedom 2040	N/R	1,600,022
	Mutual fund	Wells Fargo ADV Com Stk Inv	N/R	1,535,464
*	Mutual fund	Fidelity Low Pr Stk	N/R	1,489,435
	Mutual fund	Amer Funds EuroPac R4	N/R	1,413,066
*	Mutual fund	T. Rowe Price RTMT 2020 R	N/R	1,361,500
*	Mutual fund	TIAA-CREF Small-Cap Eq-Rtmt	N/R	1,354,207
*	Mutual fund	Fidelity Freedom 2025	N/R	1,336,238
	Mutual fund	JP Morgan Small Cap Gr A	N/R	1,308,808
*	Mutual fund	Great-West Guaranteed Portfolio Fund	N/R	1,297,237
	Mutual fund	Baron Growth	N/R	1,287,864
*	Mutual fund	Fidelity Freedom 2035	N/R	1,271,829
	Mutual fund	Invesco Endeavor R	N/R	1,181,959
*	Mutual fund	Fidelity Freedom 2015	N/R	1,100,111
*	Mutual fund	T. Rowe Price Retirement 2020 Fund - R	N/R	1,097,318
*	Mutual fund	Fidelity Freedom 2050	N/R	1,025,206
*	Mutual fund	T. Rowe Price RTMT 2040 R	N/R	980,158
*	Mutual fund	TIAA-CREF Lifecycle 2010-Rtmt	N/R	944,182
	Mutual fund	MFS Blended Research CRE EQ R2	N/R	846,903
	Mutual fund	SSgA S & P 500 Index	N/R	826,030
	Mutual fund	American Funds Income Fund R4	N/R	816,370
	Mutual fund	DWS Growth S	N/R	811,745
*	Mutual fund	Fidelity Freedom 2045	N/R	765,101
*	Mutual fund	Fidelity Freedom 2055	N/R	749,480
*	Mutual fund	Fidelity Freedom 2040	N/R	714,499
	Mutual fund	DWS Pssrs Cash Invmt Trust S	N/R	689,536
	Mutual fund	Invesco Developing Markets I	N/R	682,561
	Mutual fund	Allianz NFJ Dividen Val R	N/R	680,195
	Mutual fund	Virtus Real Estate SEC A	N/R	666,316
*	Mutual fund	Spartan 500 Index Advantage	N/R	665,499
	Mutual fund	DWS Global High Income S	N/R	662,446

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

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Goldman Sachs Mid Cap Value A	N/R	634,121
	Mutual fund	American Funds Cap Wid Gr & Inc R3	N/R	634,068
*	Mutual fund	TIAA-CREF Mid-Cap Gr-Rtmt	N/R	626,994
*	Mutual fund	TIAA-CREF Lifecycle 2055-RTMT	N/R	618,005
	Mutual fund	PIMCO Total Return Fund - Admin	N/R	601,243
	Mutual fund	Amcent Inf-Adj Bond Inv	N/R	562,189
*	Mutual fund	T. Rowe Price RTMT INC R	N/R	560,243
*	Mutual fund	T. Rowe Price RTMT 2030 R	N/R	559,777
	Mutual fund	DWS Health Care Fund S	N/R	525,990
*	Mutual fund	Fidelity Growth Company	N/R	510,947
*	Mutual fund	Fidelity Intl Discovery	N/R	504,744
	Mutual fund	DWS US Treasury S	N/R	491,073
	Mutual fund	DWS Global Small Cap Growth S	N/R	479,891
*	Mutual fund	TIAA-CREF Real Est Secs-Rtmt	N/R	476,173
*	Mutual fund	Fidelity Intermed Bond	N/R	462,733
*	Mutual fund	Fidelity Mid Cap Stock	N/R	433,082
	Mutual fund	RS Partners A	N/R	429,922
	Mutual fund	DWS Large Cap Focus Growth S	N/R	425,989
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	417,113
*	Mutual fund	Fidelity Diversified Intl	N/R	415,537
*	Money market	Fidelity Ret Govt MM	N/R	405,630
	Mutual fund	DWS Global Income Builder	N/R	378,228
*	Mutual fund	Fidelity Equity Income	N/R	370,497
*	Mutual fund	Fidelity Freedom 2015	N/R	363,339
*	Mutual fund	Fidelity Freedom 2045	N/R	356,990
*	Mutual fund	Fidelity Freedom 2035	N/R	345,276
	Mutual fund	Columbia Sm Cp Index A	N/R	340,755
	Mutual fund	JP Morgan Large Cap Gr A	N/R	336,797
	Mutual fund	American Funds EuroPacific R3	N/R	332,971
*	Mutual fund	VALIC Fixed Account Plus	N/R	320,228
*	Mutual fund	TIAA-CREF Gr & Inc-Rtmt	N/R	293,132
	Mutual fund	American Funds Fundamental Inv Fund R3	N/R	256,525
*	Mutual fund	T. Rowe Price Retirement 2030 Fund - R	N/R	252,343
	Mutual fund	DWS GNMA S	N/R	251,177
	Mutual fund	ABF Lg Cap Val Inv	N/R	242,496
*	Mutual fund	Fidelity Mid Cap Value	N/R	242,077
	Mutual fund	DWS Latin Amer Equity S	N/R	240,027
*	Mutual fund	Franklin Templeton Conservative Allocation Fund Class	N/R	227,300
*	Mutual fund	T. Rowe Price RTMT 2010 R	N/R	223,783
*	Mutual fund	T. Rowe Price Retirement 2010 Fund - R	N/R	214,070
*	Mutual fund	Fidelity Contrafund	N/R	211,103
*	Mutual fund	Fidelity Strategic Income	N/R	207,573
	Mutual fund	American Funds High Income Tr R3	N/R	176,954
*	Mutual fund	T. Rowe Price Retirement 2050 Fund - R	N/R	176,274
*	Mutual fund	Fidelity Magellan	N/R	175,507
*	Mutual fund	TIAA-CREF Social Choice Eq-Rtmt	N/R	174,012
*	Mutual fund	Fidelity Stock Sel Large Cap Value	N/R	173,888
*	Mutual fund	Fidelity Invst Gr Bd	N/R	171,500
*	Mutual fund	Fidelity Freedom Income	N/R	171,294
	Mutual fund	Neuberger Ber Soc Res Tr	N/R	170,898
*	Mutual fund	Great-West Systematic Withdrawal Fund	N/R	170,250
	Mutual fund	Delaware Emerging Markets A	N/R	166,581
	Mutual fund	DWS Technology S	N/R	157,728
	Mutual fund	Perkins Mid CP Val T	N/R	156,902
	Mutual fund	Vanguard Target Retirement 2025 Fund	N/R	155,953
*	Money market	Fidelity Retire Mmkt	N/R	155,530
*	Mutual fund	Fidelity Blue Chip Growth	N/R	155,015
*	Mutual fund	Fidelity New Markets Inc	N/R	152,341
	Mutual fund	DWS Global Bond Fund S	N/R	149,871
*	Mutual fund	Fidelity Overseas	N/R	147,204
	Mutual fund	Columbia Acorn Fund -Z	N/R	146,737
	Mutual fund	Northwest Mutual Balanced MSA	N/R	143,761
*	Mutual fund	TIAA-CREF S&P 500 Index-Rtmt	N/R	142,070
*	Mutual fund	Spartan US Bond Index	N/R	139,078
*	Mutual fund	Fidelity Freedom 2050	N/R	137,041
*	Mutual fund	Fidelity Equity Income	N/R	135,889
*	Mutual fund	Spartan 500 Index Advantage	N/R	134,845
	Mutual fund	Maxim Ariel MidCap Value Portfolio	N/R	130,573
	Mutual fund	DWS Short Duration S	N/R	124,784
	Mutual fund	Janus Twenty Fund T	N/R	124,627
	Mutual fund	Vanguard Target Retirement 2030 Fund	N/R	123,294

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

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Oppenheimer Gold & Specia	N/R	116,730
	Mutual fund	MFS Total Return Fund	N/R	116,550
	Mutual fund	MSIF Emerging Mkts P	N/R	109,277
	Mutual fund	Vanguard Wellesley Income Fund Investor Shares	N/R	108,717
*	Money market	T. Rowe Price Prime Account	N/R	103,856
*	Mutual fund	Fidelity Growth & Income	N/R	102,930
	Mutual fund	Maxim T. Rowe Price Equity/Income Port	N/R	96,181
	Mutual fund	JH Small Company A	N/R	94,311
	Mutual fund	Templeton Foreign A	N/R	93,537
*	Mutual fund	Fidelity Small Cap Value	N/R	92,480
*	Mutual fund	T. Rowe Price Equity Income	N/R	86,862
*	Mutual fund	Spartan International Index Advantage	N/R	85,995
	Mutual fund	Vanguard 500 Index Fund Investor Shares	N/R	84,997
	Mutual fund	Delaware Life GGC Fund	N/R	84,116
*	Mutual fund	Fidelity Freedom 2010	N/R	83,929
*	Mutual fund	Fidelity Value	N/R	79,875
	Mutual fund	Vanguard Wellington Fund Investor Shares	N/R	76,761
	Mutual fund	Loomis Sm Cap Val R	N/R	73,793
*	Mutual fund	Fidelity Value	N/R	73,194
	Mutual fund	Lord Abbet Developing Growth P	N/R	69,780
*	Mutual fund	Fidelity Stock Sel All Cap	N/R	68,912
	Mutual fund	SSgA Money Market Fund	N/R	67,965
	Mutual fund	Maxim Stock Index Portfolio	N/R	67,712
*	Mutual fund	T. Rowe Price New Era	N/R	64,083
	Mutual fund	Oppenheimer Capital Appreciation Fund	N/R	61,037
	Mutual fund	Vanguard STAR Fund	N/R	60,144
*	Mutual fund	Fidelity Intl Discovery	N/R	59,805
	Mutual fund	Vanguard PRIMECAP Fund Investor Shares	N/R	58,976
*	Mutual fund	Fidelity Mid Cap Stock	N/R	58,616
	Money market	Maxim Money Market Portfolio	N/R	58,095
*	Mutual fund	T. Rowe Price New Horizon	N/R	57,814
*	Mutual fund	Fidelity Freedom 2005	N/R	56,856
*	Mutual fund	Fidelity Asset MGR 50%	N/R	55,615
	Mutual fund	Hotchkis and Wiley Small Cap Value A	N/R	54,864
	Mutual fund	Small Cap Fund	N/R	52,445
*	Mutual fund	Fidelity Freedom 2055	N/R	51,566
*	Mutual fund	T. Rowe Price Small Cap Value	N/R	51,016
*	Mutual fund	Fidelity Small Cap Growth	N/R	42,274
*	Mutual fund	Fidelity Freedom Income	N/R	41,918
	Mutual fund	Maxim Loomis Sayles Bond Portfolio	N/R	41,812
	Mutual fund	Science & Technology Fund	N/R	40,875
*	Mutual fund	T. Rowe Price New Income	N/R	40,550
	Mutual fund	Prudential Jennison Small Company A	N/R	40,409
	Mutual fund	Core Equity Fund	N/R	40,207
	Mutual fund	Perkins Small Cap Value Fund T	N/R	40,108
	Mutual fund	Maxim Index 600 Portfolio	N/R	39,041
*	Mutual fund	VALIC Stock Index Fund	N/R	38,366
	Money market	Vanguard Prime Money Market Fund	N/R	37,832
	Mutual fund	Vanguard US Growth Fund Investor Shares	N/R	37,657
	Mutual fund	CB Value TR FI	N/R	37,642
*	Mutual fund	T. Rowe Price Equity Income	N/R	37,311
	Mutual fund	Vanguard Windor II Fund Investor Shares	N/R	36,412
	Mutual fund	TRP Real Estate	N/R	36,356
	Mutual fund	Delaware Life MIG Fund	N/R	35,984
	Mutual fund	INVESCO Mid Cap Core Equity Fund - A	N/R	35,594
	Mutual fund	Vanguard LifeStrategy Growth Fund	N/R	35,130
	Mutual fund	Vanguard 500 Index Fund	N/R	34,559
*	Mutual fund	T. Rowe Price Retirement Income Fund R	N/R	34,249
*	Mutual fund	T. Rowe Price International Stock	N/R	31,176
*	Mutual fund	Fidelity Dividend Growth	N/R	30,934
	Mutual fund	Maxim MFS International Value Portfolio	N/R	30,022
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West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

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*	Mutual fund	T. Rowe Price Growth Stock	N/R	16,740
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*	Mutual fund	Fidelity Disciplined Eqty	N/R	15,131
*	Mutual fund	Vanguard LifeStrategy Conservative Growth Fund	N/R	14,647
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*	Mutual fund	T. Rowe Price Growth Stock	N/R	12,810
*	Mutual fund	VALIC International Growth I Fund	N/R	12,700
*	Mutual fund	Lord Abbet Bond Debenture A	N/R	12,218
*	Mutual fund	VALIC Global and Social Awareness Fund	N/R	12,098
*	Mutual fund	Maxim US Government Securities Portfolio	N/R	11,767
*	Mutual fund	Fidelity Stock Sell Mid Cap	N/R	10,497
*	Mutual fund	American Century Income & Growth Fund	N/R	10,468
*	Mutual fund	Fidelity Stock Sel Small Cap	N/R	10,406
*	Mutual fund	TIAA-CREF Lifecycle Rtmt Inc-Rtmt LD	N/R	10,018
*	Mutual fund	T. Rowe Price Dividend Growth	N/R	9,924
*	Mutual fund	Vanguard International Growth Fund Investor Shares	N/R	9,572
*	Mutual fund	Fidelity Sel Electronics	N/R	9,108
*	Mutual fund	T. Rowe Price New Horizon	N/R	9,049
*	Mutual fund	Vanguard Windsor II	N/R	8,680
*	Mutual fund	Fidelity Gr Strategies	N/R	7,999
*	Mutual fund	Spartan US Bond Index	N/R	7,965
*	Mutual fund	MFS Value Fund - A	N/R	7,478
*	Mutual fund	T. Rowe Price Mid Cap Value	N/R	7,200
*	Mutual fund	Dreyfus S & P 500 Index fund	N/R	7,090
*	Mutual fund	VALIC International Equities Fund	N/R	6,888
*	Mutual fund	VALIC International Government Bond Fund	N/R	6,815
*	Mutual fund	Fidelity Disciplined Eqty	N/R	6,598
*	Mutual fund	Delaware Life GSS Fund	N/R	6,500
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	6,227
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	4,876
*	Mutual fund	Fidelity Asset MGR 20%	N/R	4,861
*	Mutual fund	Fidelity Growth Company	N/R	4,763
*	Mutual fund	Dreyfus International Stock Index	N/R	4,461
*	Mutual fund	Fidelity OTC Portfolio	N/R	4,083
*	Mutual fund	T. Rowe Price New Income	N/R	4,080
*	Mutual fund	Dreyfus Bond Market Index Fund Investor	N/R	4,017
*	Mutual fund	Delaware Life MMS Fund	N/R	4,010
*	Mutual fund	Fidelity Sel Software	N/R	3,546
*	Mutual fund	VALIC Short Term Fixed Account	N/R	3,520
*	Mutual fund	Fidelity Fidelity	N/R	3,461
*	Mutual fund	Vanguard Small-Cap Index Fund -Inv	N/R	3,420
*	Mutual fund	T. Rowe Price Mid Cap Growth	N/R	3,271
*	Mutual fund	T. Rowe Price Capital Appreciation	N/R	3,228
*	Mutual fund	LM CBA Large Cap Value A	N/R	2,970
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	2,957
*	Mutual fund	Great-West Banded Portfolio Fund	N/R	2,776
*	Mutual fund	Fidelity Puritan	N/R	2,751
*	Mutual fund	VALIC Mid Cap Strategic Gwth	N/R	2,454
*	Mutual fund	Legg Mason ClearBridge Mid Cap Core A	N/R	2,323
*	Mutual fund	Fidelity Advisor High Income Advantage	N/R	2,262
*	Mutual fund	Fidelity Growth Discovery	N/R	2,228
*	Money market	Fidelity Retire Mmkt	N/R	2,127
*	Mutual fund	Mid Cap Index Fund	N/R	2,054
*	Mutual fund	Dreyfus Appreciation Fund	N/R	2,029
*	Mutual fund	VALIC Emerging Economies	N/R	1,933
*	Mutual fund	Alliance Bernstein 2010 Retirement Str K	N/R	1,872
*	Mutual fund	T. Rowe Price Financial Services	N/R	1,837
*	Mutual fund	Vanguard Total Bond Market Index Fund	N/R	1,803
*	Mutual fund	Vanguard Prime Money Market	N/R	1,757
*	Mutual fund	Wells Fargo Adv Income Plus Investor	N/R	1,691
*	Mutual fund	VALIC Dividend Value	N/R	1,656

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

EIN: 55-0643304 Plan Number: 001

December 31, 2014

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

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Vanguard Windsor Fund Investor Shares	N/R	1,650
	Mutual fund	PIMCO Com Real Ret I	N/R	1,445
*	Mutual fund	Fidelity New Markets Inc	N/R	1,316
*	Mutual fund	Fidelity Govt Income	N/R	1,287
*	Mutual fund	VALIC Small Cap Index Fund	N/R	1,192
*	Mutual fund	Fidelity Sel Financial	N/R	1,151
*	Mutual fund	Fidelity Sel Technology	N/R	1,077
*	Mutual fund	Fidelity Asset MGR 70%	N/R	859
	Mutual fund	MFS Core Equity A	N/R	677
	Mutual fund	Janus Flexible Bond I	N/R	486
	Mutual fund	Vanguard Growth and Income Fund Investor Shares	N/R	350
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	245
*	Mutual fund	Fidelity GNMA	N/R	224
*	Mutual fund	VALIC Foreign Value	N/R	145
*	Notes receivable from participants	Interest rates: 4.25% - 9.25%	\$0	1,334,725
				<u>\$ 339,464,398</u>

* A party in interest as defined by ERISA
N/R - Participant directed investments, cost not required to be reported