

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
	1c Effective date of plan <u>01/01/1985</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WEST VIRGINIA UNIVERSITY HOSPITALS, INC.</u> <u>1 MEDICAL CENTER DR DEPT 8121</u> <u>MORGANTOWN, WV 26506-1200</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	Filed with authorized/valid electronic signature.	10/13/2016	CHRISTY CHRISTOPHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	CHRISTY CHRISTOPHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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 10249
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 9491 6a(2) 10035 6b 82 6c 1979 6d 12096 6e 22 6f 12118 6g 8722 6h 42
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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div></div><div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
<div>A Name of plan</div> <div>WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>WEST VIRGINIA UNIVERSITY HOSPITALS, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>55-0643304</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>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.</div>
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1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>VARIABLE ANNUITY LIFE INSURANCE COMPANY</div>

(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	0	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
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. 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	8881324
c	Additions: (1) Contributions deposited during the year	7c(1)	6285376
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	234088
	(4) Transferred from separate account	7c(4)	17024
	(5) Other (specify below)	7c(5)	0
	(6) Total additions	7c(6)	6536488
d	Total of balance and additions (add lines 7b and 7c(6))	7d	15417812
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14197131
	(2) Administration charge made by carrier	7e(2)	0
	(3) Transferred to separate account	7e(3)	1201609
	(4) Other (specify below)	7e(4)	19072
	(5) Total deductions	7e(5)	15417812
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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
		2015
		This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

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

(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	406846	2944	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

(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	
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. 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	74953148
c	Additions: (1) Contributions deposited during the year	7c(1)	2895551
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	2790526
	(4) Transferred from separate account	7c(4)	5662734
	(5) Other (specify below)	7c(5)	64189
	(6) Total additions	7c(6)	11413000
d	Total of balance and additions (add lines 7b and 7c(6))	7d	86366148
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3791367
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	3026222
	(4) Other (specify below)	7e(4)	715965
	(5) Total deductions	7e(5)	7533554
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	78832594

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider 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>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY HOSPITALS, INC.	D Employer Identification Number (EIN) 55-0643304	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE COMPANY
74-1625348

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624023

(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)

EMPLOYER 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	10346	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	19526	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISE 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	22331	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?
37 26 58	NONE	158010	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	1318	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTIT OP CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	2619	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)

WELLS FARGO ADVISORS

ONE AMERICA PLAZA
600 W BROADWAY
SAN DIEGO, CA 92101

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	34755	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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

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

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

c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10602898
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY HOSPITALS, INC.	D Employer Identification Number (EIN) 55-0643304	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	815947	698349
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1011329	1271471
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1334725	377359
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	9588652	10602898
(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)	243890601	263429895
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	83834473	78832594
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	340475727 355212566
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	340475727 355212566

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	9347229
	(B) Participants	2a(1)(B)	20557314
	(C) Others (including rollovers)	2a(1)(C)	3071342
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	32975885
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)	124260
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	124260
(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)	10844240
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	10844240
(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)		781785
(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)		-8923181
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		35802989

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20870070	
(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)		20870070
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)	196080	
(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)		196080
j Total expenses. Add all expense amounts in column (b) and enter total	2j		21066150

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14736839
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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
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	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X		
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?		X		

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

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

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

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

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-1624203</u> <u>74-1625348</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

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

Financial Statements and
Supplementary Information

December 31, 2015 and 2014



BAKER TILLY

Candor. Insight. Results.

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

Notes to Financial Statements

December 31, 2015 and 2014

	<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, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 10, which was certified by the Teachers Insurance and Annuity Association - College Retirement Equities Fund, AIG Federal Savings Bank, Empower Retirement, Metropolitan Life Insurance Company, 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, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodians is complete and accurate.

In addition, as described in Note 11, 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 \$2.2 and \$2.0 million as of December 31, 2015 and 2014, respectively. Further, investment income, net of distributions of approximately \$0.2 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, 2015. 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, 2015 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 12, 2016

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

Statement of Net Assets Available for Benefits

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets		
Investments at fair value	\$ 307,655,642	\$ 286,078,222
Investments at contract value	<u>45,908,094</u>	<u>52,051,451</u>
Total investments	<u>353,563,736</u>	<u>338,129,673</u>
Receivables:		
Employer contribution	1,271,471	1,011,329
Notes receivable from participants	<u>377,359</u>	<u>1,334,725</u>
Total receivables	<u>1,648,830</u>	<u>2,346,054</u>
Total assets	355,212,566	340,475,727
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 355,212,566</u>	<u>\$ 340,475,727</u>

See notes to financial statements

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

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2015

Additions

Investment income (loss):

Net depreciation in fair value of investments	\$ (8,141,396)
Interest and dividends	10,844,240

Net investment income	2,702,844
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Interest income on notes receivable from participants	124,260
---	---------

Contributions:

Participants	20,557,314
Rollovers	3,071,342
Employer	9,347,229

Total contributions	32,975,885
---------------------	------------

Total additions	35,802,989
-----------------	------------

Deductions

Benefits paid to participants	20,870,070
Administrative expenses	196,080

Total deductions	21,066,150
------------------	------------

Net increase	14,736,839
--------------	------------

Net Assets Available for Benefits

Beginning of year	340,475,727
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End of year	\$ 355,212,566
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See notes to financial statements

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

Notes to Financial Statements

December 31, 2015 and 2014

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").

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the plan document, 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 (rollover). 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.

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 the Company's contributions for participants that are employees of WVUH and East, as well as allocations of the Plan's earnings, and charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

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

Notes to Financial Statements

December 31, 2015 and 2014

Vesting

Participants are vested immediately in their contributions and the Company's 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. The loans 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, 2015, 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. 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.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

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

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

Notes to Financial Statements

December 31, 2015 and 2014

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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 depreciation 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, 2015 and 2014.

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 depreciation 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 ("ASU") 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 removes the requirement to include investments in the fair value hierarchy for which fair value is measured using the net asset value ("NAV") practical expedient in Accounting Standards Codification 820. ASU 2015-07 requires retrospective application and is effective for fiscal years beginning after December 15, 2016 with early adoption permitted. Management has elected to early adopt the provisions of this new standard. Accordingly, the standard was retrospectively applied.

In June 2015, the FASB issued ASU No. 2015-10, *Technical Corrections and Improvements*. ASU 2015-10 amends a wide range of Accounting Standards Codification topics to make clarifying changes, correct unintended application of guidance and make minor changes that are not expected to have a significant effect on current accounting practice or create a significant administrative cost on most entities. As part of this amendment, the FASB changed the definition of readily determinable fair value. This change was effective upon issuance. The adoption of ASU 2015-10 has been applied to the financial statements and related disclosures

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

Notes to Financial Statements

December 31, 2015 and 2014

In July 2015, the FASB issued ASU 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*. Part I requires fully benefit-responsive investment contracts to be measured, presented, and disclosed only at contract value. Part II requires that investments that are measured using fair value (both participant-directed and nonparticipant-directed investments) be grouped only by general type, eliminating the need to disaggregate the investments by nature, characteristics, and risks. 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 or depreciation in investments in the aggregate. Additionally, if an investment is measured using the net asset value per share as a practical expedient 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 is not applicable to the Plan. 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. Management has elected to early adopt the provisions of Parts I and II of this new standard. Accordingly, these provisions were retrospectively applied.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 12, 2016, 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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.

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.

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

Notes to Financial Statements

December 31, 2015 and 2014

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, 2015 and 2014.

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 U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund is valued at the quoted NAV of shares held by the Plan at year end.

The CREF separate accounts are valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. Due to the nature of these pooled accounts, there are no unfunded commitments or redemption restrictions.

The TIAA real estate fund is valued based on NAV per unit of participation in the fund and has no unfunded commitments. NAV is valued based on the fair value of the underlying real estate holdings or other real estate-related investments. Real estate holdings are valued principally using external appraisals, which are estimates of property values based on a professional's opinion. Transfers out of the TIAA real estate fund are limited to one per calendar quarter.

The guaranteed annuity contracts consist of the TIAA Traditional Annuity Account ("TIAA Account") and previously, the VALIC Fixed Interest Account. Certain contracts of the TIAA Account as well as the VALIC Fixed Interest Account meet the fully benefit-responsive investment contract criteria as described in Note 4, and are therefore excluded from the fair value hierarchy table. Certain contracts of the TIAA Account do not meet the fully benefit-responsive investment contract criteria and are therefore presented at fair value in the hierarchy table. The fair value of the TIAA Account approximates contract value and is based on TIAA's (formerly Teachers Insurance and Annuity Association - College Retirement Equities Fund) ability to pay the guaranteed claims in accordance with the terms of the contracts.

As of December 31, 2015, TIAA'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 as of the measurement date uphold the TIAA Account's ability to meet obligations set forth in the contracts.

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

Notes to Financial Statements

December 31, 2015 and 2014

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 is an unfunded commitment as claims against the contracts are solely supported by TIAA'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 following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 168,436,767	\$ -	\$ -	\$ 168,436,767
Money market fund	698,349	-	-	698,349
CREF separate accounts	-	94,993,128	-	94,993,128
Non fully benefit-responsive guaranteed annuity contracts - TIAA Account	-	-	32,924,500	32,924,500
Total assets in the fair value hierarchy	<u>\$ 169,135,116</u>	<u>\$ 94,993,128</u>	<u>\$ 32,924,500</u>	297,052,744
Investments measured at net asset value (a)				<u>10,602,898</u>
Investments at fair value				<u>\$ 307,655,642</u>

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

Notes to Financial Statements
December 31, 2015 and 2014

Assets at Fair Value as of December 31, 2014				
Mutual funds	\$ 145,360,097	\$ -	\$ -	\$ 145,360,097
Money market fund	815,947	-	-	815,947
CREF separate accounts	-	98,530,504	-	98,530,504
Non fully benefit-responsive guaranteed annuity contracts - TIAA Account	-	-	31,783,022	31,783,022
Total assets in the fair value hierarchy	<u>\$ 146,176,044</u>	<u>\$ 98,530,504</u>	<u>\$ 31,783,022</u>	276,489,570
Investments measured at net asset value (a)				<u>9,588,652</u>
Investments at fair value				<u>\$ 286,078,222</u>

(a) In accordance with Topic 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

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, 2015:

	<u>TIAA Account</u>
Balance, beginning of year	\$ 31,783,022
Contributions	685,548
Interest	338,400
Realized gains	402,383
Unrealized gains relating to instruments still held at the reporting date	590,208
Withdrawals	(1,197,247)
Interfund transfers	<u>322,186</u>
Balance, end of year	<u>\$ 32,924,500</u>

Gains and losses (realized and unrealized) included in changes in net assets available for the period above are reported in net depreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

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

Notes to Financial Statements
December 31, 2015 and 2014

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

The following table represents the Plan's Level 3 fair value measurements, the valuation techniques used to measure the fair value of those financial instruments, as of December 31, 2015 and 2014, respectively, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value December 31, 2015	Fair Value December 31, 2014	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Non fully benefit-responsive guaranteed annuity contracts - TIAA Account	\$ 32,924,500	\$ 31,783,022	Discounted cash flow	Risk-adjusted discount rate	3.50% - 5.00%

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2015 and 2014, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2015			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
TIAA real estate fund	\$ 10,602,898	N/A	Daily	Limit of once per quarter
	December 31, 2014			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
TIAA real estate fund	\$ 9,588,652	N/A	Daily	Limit of once per quarter

4. Fully Benefit-Responsive Investment Contracts

The Plan holds a portfolio of traditional investment contracts with TIAA and previously, the Variable Annuity Life Insurance Company ("VALIC"). Plan participants enter into these contractual agreements with TIAA through the Plan by selecting a TIAA Account. Participants of the Plan may invest in the following transitional accounts offered by TIAA: Retirement Annuity ("RA"), Group Retirement Annuity ("GRA"), Supplemental Retirement Annuity ("SRA"), and Group Supplemental Retirement Annuity ("GSRA"), which have varying withdrawal options and distributions.

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

Notes to Financial Statements

December 31, 2015 and 2014

The SRA, GSRA, and VALIC Fixed Interest Account contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The RA and GRA contracts do not meet the fully benefit-responsive investment contract criteria and therefore are reported at fair value as described in Note 3. Fair value, as reported to the Plan by TIAA, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses.

The traditional investment contracts held by the Plan are guaranteed investment contracts. The contract issuer is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and ranges from 1 to 3 percent. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the IRC or the failure of the trust to be tax-exempt under Section 501(a) of the IRC;
2. Premature termination of the contracts;
3. Plan termination or merger;
4. Changes to the Plan's prohibition on competing investment options;
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

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

Notes to Financial Statements

December 31, 2015 and 2014

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines;
2. A breach of material obligation under the contract;
3. A material misrepresentation;
4. A material amendment to the agreements without the consent of the issuer.

5. Administration of Plan Assets

The Plan's assets are administered under contracts with TIAA, AIG Federal Savings Bank, Empower Retirement, Metropolitan Life Insurance Company, Fidelity Management Trust Company, and T. Rowe Price Investment Services, Inc., the custodians of the Plan. The custodians invest funds received from contributions, investment sales, interest, and dividend income and make distribution payments to participants.

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 depreciation 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 issues loans to those plan participants who have accounts with TIAA which are secured by the participant's account balance. Such loans are not assets of the Plan but are contractual agreements between TIAA and the plan participant and are funded by TIAA'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. Participant account balances held in the TIAA Account used to collateralized loans totaled \$3,232,684 at December 31, 2015 and \$3,016,643 at December 31, 2014.

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

Notes to Financial Statements

December 31, 2015 and 2014

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. The IRS has implemented a program for Section 403(b) plans; the Plan will comply accordingly, if applicable. 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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.

As of December 31, 2015 and 2014, the Plan had investments of \$122,001,379 and \$121,393,948, respectively, that were concentrated in two funds.

10. Information Certified by Custodians

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA for 2015 and 2014. 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, 2015 and 2014 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2015, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015.

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

Notes to Financial Statements

December 31, 2015 and 2014

11. 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 \$2.2 million as of December 31, 2015 and \$2.0 million as of December 31, 2014, and investment income, net of benefit payments of approximately \$0.2 million for the year ended December 31, 2015.

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, 2015

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 Account	N/R	\$ 78,832,594
*	Pooled separate account	CREF Stock	N/R	43,168,785
	Mutual fund	American Century One Choice 2025 Instl	N/R	20,718,340
	Mutual fund	American Century One Choice 2030 Instl	N/R	19,242,662
	Mutual fund	American Century One Choice 2020 Instl	N/R	16,616,166
	Mutual fund	American Century One Choice 2035 Instl	N/R	15,514,823
*	Pooled separate account	CREF Growth	N/R	14,934,036
*	Pooled separate account	CREF Global Equities	N/R	12,245,996
	Mutual fund	American Century One Choice 2040 Instl	N/R	12,223,224
	Mutual fund	American Century One Choice 2045 Instl	N/R	12,029,410
*	Pooled separate account	TIAA Real Estate	N/R	10,559,062
	Mutual fund	American Century One Choice 2050 Instl	N/R	9,745,056
	Mutual fund	American Century One Choice In Ret Instl	N/R	7,721,669
*	Pooled separate account	CREF Bond Market	N/R	7,415,775
*	Pooled separate account	CREF Equity Index	N/R	6,955,205
*	Pooled separate account	CREF Social Choice	N/R	4,491,339
*	Pooled separate account	CREF Money Market	N/R	4,244,787
	Mutual fund	American Century One Choice 2055 Instl	N/R	3,552,868
*	Mutual fund	Fidelity Freedom 2020	N/R	2,822,654
*	Mutual fund	Fidelity Contrafund	N/R	2,790,106
*	Pooled separate account	CREF Inflation-Linked Bond	N/R	2,536,624
*	Mutual fund	Fidelity Freedom 2030	N/R	2,302,263
*	Mutual fund	Fidelity Freedom 2025	N/R	2,157,433
*	Mutual fund	Fidelity Freedom 2010	N/R	1,933,968
	Mutual fund	PIMCO Tot Return Adm	N/R	1,925,094
	Mutual fund	Fidelity Freedom 2040	N/R	1,688,999
*	Pooled separate account	TIAA Stable Value	N/R	1,581,040
*	Mutual fund	Great-West Guaranteed Portfolio Fund	N/R	1,547,114
*	Mutual fund	Fidelity Low Pr Stk	N/R	1,536,427
	Mutual fund	Baron Growth	N/R	1,292,556
*	Mutual fund	T. Rowe Price Retirement 2020 Fund - R	N/R	1,213,181
	Mutual fund	SSGA S & P 500 Index	N/R	1,175,163
*	Mutual fund	T. Rowe Price Blue Chip	N/R	1,031,669
*	Mutual fund	Fidelity Advisor Total Bond A	N/R	1,002,428
	Mutual fund	BlackRock S&P 500 Index Fund	N/R	970,648
*	Mutual fund	Spartan 500 Index Advantage	N/R	864,505
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	765,071
*	Mutual fund	Fidelity Freedom 2015	N/R	749,374
	Mutual fund	Goldman Sachs Mid Cap Value A	N/R	687,878
*	Money market	Fidelity Ret Govt MM	N/R	640,186
	Mutual fund	American Funds Cap Wld Gr & Inc R4	N/R	600,021
*	Mutual fund	Fidelity Intermed Bond	N/R	582,641
	Mutual fund	Mass Mutual Sel Mid Cap Growth Equity II R5	N/R	570,879
	Mutual fund	American Funds EuroPacific R4	N/R	567,883
*	Mutual fund	Fidelity Intl Discovery	N/R	556,077
*	Mutual fund	T. Rowe Price Retirement 2050 Fund - R	N/R	549,596
	Mutual fund	American Funds Fundamental Inv Fund R4	N/R	536,009
	Mutual fund	BlackRock US Total Bond Index Fund	N/R	528,665
*	Mutual fund	Fidelity Blue Chip Growth	N/R	481,401
*	Mutual fund	T. Rowe Price Retirement 2030 Fund - R	N/R	468,296
	Mutual fund	Oppenheimer International Small-Mid Co Y	N/R	447,794
*	Mutual fund	Fidelity Diversified Intl	N/R	444,754
	Mutual fund	Janus Triton I	N/R	440,137
	Mutual fund	American Funds Income Fund R4	N/R	439,234
*	Mutual fund	Fidelity Mid Cap Stock	N/R	432,015
	Mutual fund	Columbia Sm Cp Index A	N/R	424,693
*	Mutual fund	Fidelity Freedom 2035	N/R	422,146
*	Mutual fund	Fidelity Freedom 2045	N/R	415,655
	Mutual fund	RS Partners A	N/R	390,302
	Mutual fund	Columbia Small Cap Index Fund R5	N/R	376,790
*	Mutual fund	Fidelity Equity Income	N/R	370,578
	Mutual fund	JP Morgan Large Cap Gr A	N/R	367,065
	Mutual fund	Ivy International Core Equity I	N/R	331,929

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

EIN: 55-0643304 Plan Number: 001

December 31, 2015

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	VALIC Fixed Account Plus	N/R	\$ 305,810
	Mutual fund	Pioneer Bond Fund Class Y	N/R	302,754
	Mutual fund	Prudential QMA Mid Cap Value Z	N/R	291,823
	Mutual fund	BlackRock International Index Fund	N/R	271,870
	Mutual fund	ABF Lg Cap Val Inv	N/R	254,052
	Mutual fund	BlackRock High Yield Bond Instl	N/R	242,561
	Mutual fund	JP Morgan Intrepid Value R5	N/R	237,658
*	Mutual fund	T. Rowe Price Retirement 2010 Fund - R	N/R	233,152
*	Mutual fund	Fidelity Invst Gr Bd	N/R	232,027
	Mutual fund	Principal Real Es Securities R5	N/R	221,512
*	Mutual fund	Franklin Templeton Conservative Allocation Fund Class A	N/R	215,238
*	Mutual fund	Fidelity Overseas	N/R	215,040
*	Mutual fund	Fidelity Freedom 2050	N/R	211,678
	Mutual fund	Oppenheimer Develop Markets Y	N/R	197,364
	Mutual fund	American Funds High Income Tr R4	N/R	179,876
*	Mutual fund	Fidelity Magellan	N/R	178,813
	Mutual fund	Janus Enterprise Fund T	N/R	171,638
	Mutual fund	Perkins Mid CP Val T	N/R	166,624
	Mutual fund	Columbia Mid Cap Index Fund R5	N/R	164,151
*	Mutual fund	Great-West Systematic Withdrawal Fund	N/R	160,315
	Mutual fund	JPMorgan Small Cap Value Fund R5	N/R	155,798
	Mutual fund	Vanguard Target Retirement 2025 Fund	N/R	154,629
	Mutual fund	Northwest Mutual Balanced MSA	N/R	142,720
	Mutual fund	Janus Twenty Fund T	N/R	131,534
*	Mutual fund	Fidelity Freedom 2055	N/R	131,369
	Mutual fund	Delaware Emerging Markets A	N/R	128,838
	Mutual fund	Vanguard Target Retirement 2030 Fund	N/R	122,022
	Mutual fund	American Century Income & Growth Ins	N/R	121,775
*	Mutual fund	T.Rowe Price Retirement 2020 Fund - R	N/R	120,212
	Mutual fund	Maxim Ariel MidCap Value Portfolio	N/R	117,319
	Mutual fund	MSIF Emerging Mkts P	N/R	116,711
*	Mutual fund	FS Total Return Fund	N/R	115,933
	Mutual fund	JH Small Company A	N/R	107,965
	Mutual fund	Vanguard Wellesley Income Fund Investor Shares	N/R	107,187
*	Money market	T. Rowe Price Gov't Prime Account	N/R	103,785
*	Mutual fund	Fidelity Growth & Income	N/R	99,781
*	Mutual fund	Fidelity Freedom Income	N/R	92,341
	Mutual fund	Loomis Sm Cap Val R	N/R	86,700
	Mutual fund	Maxim T. Rowe Price Equity/Income Port	N/R	86,545
	Mutual fund	Vanguard 500 Index Fund Investor Shares	N/R	86,029
*	Mutual fund	Fidelity Value	N/R	81,886
*	Mutual fund	T. Rowe Price Equity Income	N/R	81,075
	Mutual fund	Vanguard Wellington Fund Investor Shares	N/R	73,959
	Mutual fund	SSA Money Market Fund	N/R	67,864
*	Mutual fund	T. Rowe Price Retirement Income Fund R	N/R	67,778
	Mutual fund	Maxim Stock Index Portfolio	N/R	67,188
	Mutual fund	Hotchkis and Wiley Small Cap Value A	N/R	66,907
	Mutual fund	Lord Abbett Developing Growth P	N/R	63,492
	Mutual fund	Oppenheimer Capital Appreciation	N/R	63,125
	Mutual fund	Vanguard PRIMECAP Fund Investor Shares	N/R	60,499
*	Mutual fund	T. Rowe Price New Horizon	N/R	60,414
	Mutual fund	Vanguard STAR Fund	N/R	60,039
	Money market	Maxim Money Market Portfolio	N/R	56,036
*	Mutual fund	Fidelity Asset MGR 50%	N/R	55,373
*	Mutual fund	Fidelity Freedom 2005	N/R	54,394
*	Mutual fund	T. Rowe Price New Era	N/R	52,059
	Mutual fund	Prudential Jennison Small Company A	N/R	48,815
*	Mutual fund	T. Rowe Price Small Cap Value	N/R	48,619
	Mutual fund	TRP Real Estate	N/R	43,944
	Mutual fund	Vanguard US Growth Fund Investor Shares	N/R	40,635
*	Mutual fund	T. Rowe Price New Income	N/R	40,621
*	Mutual fund	Perkins Small Cap Value Fund T	N/R	39,226
*	Mutual fund	VALIC Stock Index Fund	N/R	38,355

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

EIN: 55-0643304 Plan Number: 001

December 31, 2015

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	Maxim Index 600 Portfolio	N/R	\$ 37,561
	Money market	Vanguard Prime Money Market Fund	N/R	36,405
	Mutual fund	CB Value TR FI	N/R	36,248
	Mutual fund	Maxim Loomis Sayles Bond Portfolio	N/R	35,964
	Mutual fund	Vanguard Windor II Fund Investor Shares	N/R	35,212
	Mutual fund	Vanguard 500 Index Fund	N/R	35,182
*	Mutual fund	T. Rowe Price Equity Income	N/R	34,825
	Mutual fund	Vanguard LifeStrategy Growth Fund	N/R	34,703
	Mutual fund	Invesco Mid Cap Core Equity A	N/R	34,319
*	Mutual fund	T. Rowe Price Health Science	N/R	32,705
	Mutual fund	Maxim MFS International Value Portfolio	N/R	31,550
*	Mutual fund	T. Rowe Price International Stock	N/R	30,936
*	Mutual fund	Fidelity Dividend Growth	N/R	30,740
*	Mutual fund	T. Rowe Price Science & Technology	N/R	29,997
	Mutual fund	Vanguard Growth Index Fund Investor Shares	N/R	27,298
*	Money market	T. Rowe Price Gov't Prime Account	N/R	27,250
*	Mutual fund	VALIC Growth Fund	N/R	26,217
*	Money market	T. Rowe Price Sum Cash	N/R	25,637
*	Mutual fund	T. Rowe Price International Stock	N/R	25,303
*	Mutual fund	Fidelity VIP II ContraFund	N/R	22,432
*	Mutual fund	VALIC Small Cap Fund	N/R	22,272
	Mutual fund	Janus Balanced Fund T	N/R	22,235
	Mutual fund	PIMCO Total Return Admin	N/R	22,187
*	Mutual fund	T. Rowe Price Science & Technology	N/R	22,046
*	Mutual fund	T. Rowe Price Personal Balance	N/R	22,026
*	Mutual fund	Fidelity Cap Appreciation	N/R	21,682
	Mutual fund	Invesco International Growth Fund	N/R	20,800
*	Mutual fund	VALIC Large Capital Growth	N/R	20,066
*	Mutual fund	VALIC Science & Technology Fund	N/R	19,476
*	Mutual fund	T. Rowe Price Blue Chip	N/R	19,353
*	Mutual fund	VALIC Core Equity Fund	N/R	19,141
*	Mutual fund	T. Rowe Price Equity Index	N/R	18,700
*	Mutual fund	Fidelity Sel Computers	N/R	18,641
*	Mutual fund	T. Rowe Price Growth Stock	N/R	18,557
	Mutual fund	Vanguard Life Strategy Moderate Growth Fund	N/R	16,255
	Mutual fund	Clearbridge Aggressive Growth A	N/R	16,246
	Mutual fund	Clearbridge Large Cap Growth A	N/R	15,084
	Mutual fund	Vanguard LifeStrategy Conservative Growth Fund	N/R	14,607
*	Mutual fund	T. Rowe Price Growth Stock	N/R	14,201
	Mutual fund	Ariel Appreciation Fund	N/R	12,689
	Mutual fund	Lord Abbett Bond-Debenture A	N/R	12,393
*	Mutual fund	VALIC Global Social Awareness Fund	N/R	11,931
	Mutual fund	Maxim US Government Securities Portfolio	N/R	10,948
*	Mutual fund	Fidelity Stock Sel Small Cap	N/R	10,382
	Mutual fund	American Century Income & Growth Ins	N/R	10,255
*	Mutual fund	T. Rowe Price Dividend Growth	N/R	10,138
	Mutual fund	Vanguard International Growth Fund Investor Shares	N/R	9,493
*	Mutual fund	T. Rowe Price New Horizon	N/R	9,455
*	Mutual fund	Fidelity Sel Electronics	N/R	9,312
	Mutual fund	Vanguard Windsor II	N/R	8,281
*	Mutual fund	Fidelity Gr Strategies	N/R	8,253
*	Mutual fund	Spartan US Bond Index	N/R	7,995
	Mutual fund	MFS Value A	N/R	7,408
	Mutual fund	Dreyfus S & P 500 Index	N/R	7,238
*	Mutual fund	T. Rowe Price Mid Cap Value	N/R	6,955
*	Mutual fund	Fidelity Disciplined Eqty	N/R	6,690
*	Mutual fund	VALIC International Government Bond Fund	N/R	6,519
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	6,237
*	Mutual fund	Fidelity Growth Company	N/R	5,136
*	Mutual fund	Fidelity Asset MGR 20%	N/R	4,846
*	Mutual fund	Fidelity OTC Portfolio	N/R	4,529
	Mutual fund	Dreyfus International Stock Index	N/R	4,401
*	Mutual fund	T. Rowe Price New Income	N/R	4,067

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

EIN: 55-0643304 Plan Number: 001

December 31, 2015

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	Dreyfus Bond Market Index INV	N/R	\$ 4,013
*	Mutual fund	Fidelity Sel Software	N/R	3,917
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	3,775
*	Mutual fund	VALIC International Growth I Fund	N/R	3,641
*	Mutual fund	VALIC Short Term Fixed Account	N/R	3,625
*	Mutual fund	Fidelity Fidelity	N/R	3,577
*	Mutual fund	T. Rowe Price Mid Cap Growth	N/R	3,464
*	Mutual fund	T. Rowe Price Capital Appreciation	N/R	3,403
	Mutual fund	Vanguard Small-Cap Index Fund - Inv	N/R	3,286
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	3,024
	Mutual fund	Clearbridge Large Cap Value A	N/R	2,968
*	Mutual fund	Great-West Banded Portfolio Fund	N/R	2,822
*	Mutual fund	Fidelity Puritan	N/R	2,799
*	Mutual fund	Fidelity Growth Discovery	N/R	2,387
	Mutual fund	Clearbridge Mid Cap Class A	N/R	2,372
*	Mutual fund	VALIC Mid Cap Strategic Growth Fund	N/R	2,364
	Mutual fund	Vanguard Target Retirement 2010 Inv	N/R	2,230
*	Mutual fund	Fidelity Advisor High Income Advantae	N/R	2,213
*	Money market	Fidelity Retire Gov II	N/R	2,127
*	Mutual fund	VALIC Mid Cap Index Fund	N/R	1,979
	Mutual fund	Dreyfus Appreciation Fund	N/R	1,975
	Mutual fund	Wells Fargo Income Plus A	N/R	1,860
	Mutual fund	Vanguard Total Bond Market Index Fund	N/R	1,806
*	Mutual fund	T. Rowe Price Financial Services	N/R	1,804
	Mutual fund	PIMCO Com Real Ret I	N/R	1,790
	Mutual fund	Vanguard Prime Money Market Inv	N/R	1,755
*	Mutual fund	VALIC Emerging Economies Fund	N/R	1,630
*	Mutual fund	VALIC Dividend Value	N/R	1,625
	Mutual fund	Vanguard Windsor Fund Investor Shares	N/R	1,596
*	Mutual fund	Fidelity Freedom 2060	N/R	1,415
*	Mutual fund	Fidelity New Markets Inc	N/R	1,320
*	Mutual fund	Fidelity Govt Income	N/R	1,293
*	Mutual fund	Fidelity Sel Technology	N/R	1,156
*	Mutual fund	VALIC Small Cap Index Fund	N/R	1,123
*	Mutual fund	Fidelity Sel Financial	N/R	1,106
*	Mutual fund	Fidelity Asset MGR 70%	N/R	855
	Mutual fund	MFS Core Equity A	N/R	764
	Mutual fund	VALIC International Equities Fund	N/R	672
*	Mutual fund	Great-West Securefoundation Balanced G1	N/R	672
	Mutual fund	Janus Flexible Bond I	N/R	486
	Mutual fund	Vanguard Growth and Income Fund Investor Shares	N/R	341
	Mutual fund	JHancock Alternative Asset Allocation R2	N/R	267
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	255
*	Mutual fund	Fidelity GNMA	N/R	227
*	Mutual fund	VALIC Foreign Value Fund	N/R	133
	Mutual fund	Blackrock Strategic Income Opps Inv A	N/R	24
*	Notes receivable from participants	Interest rates: 4.25% - 9.25%	\$0	377,359
				<u>\$ 353,941,095</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, 2015

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 Account	N/R	\$ 78,832,594
*	Pooled separate account	CREF Stock	N/R	43,168,785
	Mutual fund	American Century One Choice 2025 Instl	N/R	20,718,340
	Mutual fund	American Century One Choice 2030 Instl	N/R	19,242,662
	Mutual fund	American Century One Choice 2020 Instl	N/R	16,616,166
	Mutual fund	American Century One Choice 2035 Instl	N/R	15,514,823
*	Pooled separate account	CREF Growth	N/R	14,934,036
*	Pooled separate account	CREF Global Equities	N/R	12,245,996
	Mutual fund	American Century One Choice 2040 Instl	N/R	12,223,224
	Mutual fund	American Century One Choice 2045 Instl	N/R	12,029,410
*	Pooled separate account	TIAA Real Estate	N/R	10,559,062
	Mutual fund	American Century One Choice 2050 Instl	N/R	9,745,056
	Mutual fund	American Century One Choice In Ret Instl	N/R	7,721,669
*	Pooled separate account	CREF Bond Market	N/R	7,415,775
*	Pooled separate account	CREF Equity Index	N/R	6,955,205
*	Pooled separate account	CREF Social Choice	N/R	4,491,339
*	Pooled separate account	CREF Money Market	N/R	4,244,787
	Mutual fund	American Century One Choice 2055 Instl	N/R	3,552,868
*	Mutual fund	Fidelity Freedom 2020	N/R	2,822,654
*	Mutual fund	Fidelity Contrafund	N/R	2,790,106
*	Pooled separate account	CREF Inflation-Linked Bond	N/R	2,536,624
*	Mutual fund	Fidelity Freedom 2030	N/R	2,302,263
*	Mutual fund	Fidelity Freedom 2025	N/R	2,157,433
*	Mutual fund	Fidelity Freedom 2010	N/R	1,933,968
	Mutual fund	PIMCO Tot Return Adm	N/R	1,925,094
*	Mutual fund	Fidelity Freedom 2040	N/R	1,688,999
*	Pooled separate account	TIAA Stable Value	N/R	1,581,040
*	Mutual fund	Great-West Guaranteed Portfolio Fund	N/R	1,547,114
*	Mutual fund	Fidelity Low Pr Stk	N/R	1,536,427
	Mutual fund	Baron Growth	N/R	1,292,556
*	Mutual fund	T. Rowe Price Retirement 2020 Fund - R	N/R	1,213,181
	Mutual fund	SSGA S & P 500 Index	N/R	1,175,163
*	Mutual fund	T. Rowe Price Blue Chip	N/R	1,031,669
*	Mutual fund	Fidelity Advisor Total Bond A	N/R	1,002,428
	Mutual fund	BlackRock S&P 500 Index Fund	N/R	970,648
*	Mutual fund	Spartan 500 Index Advantage	N/R	864,505
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	765,071
*	Mutual fund	Fidelity Freedom 2015	N/R	749,374
	Mutual fund	Goldman Sachs Mid Cap Value A	N/R	687,878
*	Money market	Fidelity Ret Govt MM	N/R	640,186
	Mutual fund	American Funds Cap Wld Gr & Inc R4	N/R	600,021
*	Mutual fund	Fidelity Intermed Bond	N/R	582,641
	Mutual fund	Mass Mutual Sel Mid Cap Growth Equity II R5	N/R	570,879
	Mutual fund	American Funds EuroPacific R4	N/R	567,883
*	Mutual fund	Fidelity Intl Discovery	N/R	556,077
*	Mutual fund	T. Rowe Price Retirement 2050 Fund - R	N/R	549,596
	Mutual fund	American Funds Fundamental Inv Fund R4	N/R	536,009
	Mutual fund	BlackRock US Total Bond Index Fund	N/R	528,665
*	Mutual fund	Fidelity Blue Chip Growth	N/R	481,401
*	Mutual fund	T. Rowe Price Retirement 2030 Fund - R	N/R	468,296
	Mutual fund	Oppenheimer International Small-Mid Co Y	N/R	447,794
*	Mutual fund	Fidelity Diversified Intl	N/R	444,754
	Mutual fund	Janus Triton I	N/R	440,137
	Mutual fund	American Funds Income Fund R4	N/R	439,234
*	Mutual fund	Fidelity Mid Cap Stock	N/R	432,015
	Mutual fund	Columbia Sm Cp Index A	N/R	424,693
*	Mutual fund	Fidelity Freedom 2035	N/R	422,146
*	Mutual fund	Fidelity Freedom 2045	N/R	415,655
	Mutual fund	RS Partners A	N/R	390,302
	Mutual fund	Columbia Small Cap Index Fund R5	N/R	376,790
*	Mutual fund	Fidelity Equity Income	N/R	370,578
	Mutual fund	JP Morgan Large Cap Gr A	N/R	367,065
	Mutual fund	Ivy International Core Equity I	N/R	331,929

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

EIN: 55-0643304 Plan Number: 001

December 31, 2015

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	VALIC Fixed Account Plus	N/R	\$ 305,810
	Mutual fund	Pioneer Bond Fund Class Y	N/R	302,754
	Mutual fund	Prudential QMA Mid Cap Value Z	N/R	291,823
	Mutual fund	BlackRock International Index Fund	N/R	271,870
	Mutual fund	ABF Lg Cap Val Inv	N/R	254,052
	Mutual fund	BlackRock High Yield Bond Instl	N/R	242,561
	Mutual fund	JP Morgan Intrepid Value R5	N/R	237,658
*	Mutual fund	T. Rowe Price Retirement 2010 Fund - R	N/R	233,152
*	Mutual fund	Fidelity Invst Gr Bd	N/R	232,027
	Mutual fund	Principal Real Es Securities R5	N/R	221,512
*	Mutual fund	Franklin Templeton Conservative Allocation Fund Class A	N/R	215,238
*	Mutual fund	Fidelity Overseas	N/R	215,040
*	Mutual fund	Fidelity Freedom 2050	N/R	211,678
	Mutual fund	Oppenheimer Develop Markets Y	N/R	197,364
	Mutual fund	American Funds High Income Tr R4	N/R	179,876
*	Mutual fund	Fidelity Magellan	N/R	178,813
	Mutual fund	Janus Enterprise Fund T	N/R	171,638
	Mutual fund	Perkins Mid CP Val T	N/R	166,624
	Mutual fund	Columbia Mid Cap Index Fund R5	N/R	164,151
*	Mutual fund	Great-West Systematic Withdrawal Fund	N/R	160,315
	Mutual fund	JPMorgan Small Cap Value Fund R5	N/R	155,798
	Mutual fund	Vanguard Target Retirement 2025 Fund	N/R	154,629
	Mutual fund	Northwest Mutual Balanced MSA	N/R	142,720
	Mutual fund	Janus Twenty Fund T	N/R	131,534
*	Mutual fund	Fidelity Freedom 2055	N/R	131,369
	Mutual fund	Delaware Emerging Markets A	N/R	128,838
	Mutual fund	Vanguard Target Retirement 2030 Fund	N/R	122,022
	Mutual fund	American Century Income & Growth Ins	N/R	121,775
*	Mutual fund	T.Rowe Price Retirement 2020 Fund - R	N/R	120,212
	Mutual fund	Maxim Ariel MidCap Value Portfolio	N/R	117,319
	Mutual fund	MSIF Emerging Mkts P	N/R	116,711
*	Mutual fund	FS Total Return Fund	N/R	115,933
	Mutual fund	JH Small Company A	N/R	107,965
	Mutual fund	Vanguard Wellesley Income Fund Investor Shares	N/R	107,187
*	Money market	T. Rowe Price Gov't Prime Account	N/R	103,785
*	Mutual fund	Fidelity Growth & Income	N/R	99,781
*	Mutual fund	Fidelity Freedom Income	N/R	92,341
	Mutual fund	Loomis Sm Cap Val R	N/R	86,700
	Mutual fund	Maxim T. Rowe Price Equity/Income Port	N/R	86,545
	Mutual fund	Vanguard 500 Index Fund Investor Shares	N/R	86,029
*	Mutual fund	Fidelity Value	N/R	81,886
*	Mutual fund	T. Rowe Price Equity Income	N/R	81,075
	Mutual fund	Vanguard Wellington Fund Investor Shares	N/R	73,959
	Mutual fund	SSA Money Market Fund	N/R	67,864
*	Mutual fund	T. Rowe Price Retirement Income Fund R	N/R	67,778
	Mutual fund	Maxim Stock Index Portfolio	N/R	67,188
	Mutual fund	Hotchkis and Wiley Small Cap Value A	N/R	66,907
	Mutual fund	Lord Abbett Developing Growth P	N/R	63,492
	Mutual fund	Oppenheimer Capital Appreciation	N/R	63,125
	Mutual fund	Vanguard PRIMECAP Fund Investor Shares	N/R	60,499
*	Mutual fund	T. Rowe Price New Horizon	N/R	60,414
	Mutual fund	Vanguard STAR Fund	N/R	60,039
	Money market	Maxim Money Market Portfolio	N/R	56,036
*	Mutual fund	Fidelity Asset MGR 50%	N/R	55,373
*	Mutual fund	Fidelity Freedom 2005	N/R	54,394
*	Mutual fund	T. Rowe Price New Era	N/R	52,059
	Mutual fund	Prudential Jennison Small Company A	N/R	48,815
*	Mutual fund	T. Rowe Price Small Cap Value	N/R	48,619
	Mutual fund	TRP Real Estate	N/R	43,944
	Mutual fund	Vanguard US Growth Fund Investor Shares	N/R	40,635
*	Mutual fund	T. Rowe Price New Income	N/R	40,621
*	Mutual fund	Perkins Small Cap Value Fund T	N/R	39,226
*	Mutual fund	VALIC Stock Index Fund	N/R	38,355

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

EIN: 55-0643304 Plan Number: 001

December 31, 2015

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	Maxim Index 600 Portfolio	N/R	\$ 37,561
	Money market	Vanguard Prime Money Market Fund	N/R	36,405
	Mutual fund	CB Value TR FI	N/R	36,248
	Mutual fund	Maxim Loomis Sayles Bond Portfolio	N/R	35,964
	Mutual fund	Vanguard Windsor II Fund Investor Shares	N/R	35,212
	Mutual fund	Vanguard 500 Index Fund	N/R	35,182
*	Mutual fund	T. Rowe Price Equity Income	N/R	34,825
	Mutual fund	Vanguard LifeStrategy Growth Fund	N/R	34,703
	Mutual fund	Invesco Mid Cap Core Equity A	N/R	34,319
*	Mutual fund	T. Rowe Price Health Science	N/R	32,705
	Mutual fund	Maxim MFS International Value Portfolio	N/R	31,550
*	Mutual fund	T. Rowe Price International Stock	N/R	30,936
*	Mutual fund	Fidelity Dividend Growth	N/R	30,740
*	Mutual fund	T. Rowe Price Science & Technology	N/R	29,997
	Mutual fund	Vanguard Growth Index Fund Investor Shares	N/R	27,298
*	Money market	T. Rowe Price Gov't Prime Account	N/R	27,250
*	Mutual fund	VALIC Growth Fund	N/R	26,217
*	Money market	T. Rowe Price Sum Cash	N/R	25,637
*	Mutual fund	T. Rowe Price International Stock	N/R	25,303
*	Mutual fund	Fidelity VIP II ContraFund	N/R	22,432
*	Mutual fund	VALIC Small Cap Fund	N/R	22,272
	Mutual fund	Janus Balanced Fund T	N/R	22,235
	Mutual fund	PIMCO Total Return Admin	N/R	22,187
*	Mutual fund	T. Rowe Price Science & Technology	N/R	22,046
*	Mutual fund	T. Rowe Price Personal Balance	N/R	22,026
*	Mutual fund	Fidelity Cap Appreciation	N/R	21,682
	Mutual fund	Invesco International Growth Fund	N/R	20,800
*	Mutual fund	VALIC Large Capital Growth	N/R	20,066
*	Mutual fund	VALIC Science & Technology Fund	N/R	19,476
*	Mutual fund	T. Rowe Price Blue Chip	N/R	19,353
*	Mutual fund	VALIC Core Equity Fund	N/R	19,141
*	Mutual fund	T. Rowe Price Equity Index	N/R	18,700
*	Mutual fund	Fidelity Sel Computers	N/R	18,641
*	Mutual fund	T. Rowe Price Growth Stock	N/R	18,557
	Mutual fund	Vanguard Life Strategy Moderate Growth Fund	N/R	16,255
	Mutual fund	Clearbridge Aggressive Growth A	N/R	16,246
	Mutual fund	Clearbridge Large Cap Growth A	N/R	15,084
	Mutual fund	Vanguard LifeStrategy Conservative Growth Fund	N/R	14,607
*	Mutual fund	T. Rowe Price Growth Stock	N/R	14,201
	Mutual fund	Ariel Appreciation Fund	N/R	12,689
	Mutual fund	Lord Abbett Bond-Debenture A	N/R	12,393
*	Mutual fund	VALIC Global Social Awareness Fund	N/R	11,931
	Mutual fund	Maxim US Government Securities Portfolio	N/R	10,948
*	Mutual fund	Fidelity Stock Sel Small Cap	N/R	10,382
	Mutual fund	American Century Income & Growth Ins	N/R	10,255
*	Mutual fund	T. Rowe Price Dividend Growth	N/R	10,138
	Mutual fund	Vanguard International Growth Fund Investor Shares	N/R	9,493
*	Mutual fund	T. Rowe Price New Horizon	N/R	9,455
*	Mutual fund	Fidelity Sel Electronics	N/R	9,312
	Mutual fund	Vanguard Windsor II	N/R	8,281
*	Mutual fund	Fidelity Gr Strategies	N/R	8,253
*	Mutual fund	Spartan US Bond Index	N/R	7,995
	Mutual fund	MFS Value A	N/R	7,408
	Mutual fund	Dreyfus S & P 500 Index	N/R	7,238
*	Mutual fund	T. Rowe Price Mid Cap Value	N/R	6,955
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West Virginia University Hospitals, Inc. 403(b) Retirement Savings Plan

EIN: 55-0643304 Plan Number: 001

December 31, 2015

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	Mutual fund	Dreyfus Bond Market Index INV	N/R	\$ 4,013
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