

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ a short plan year return/report (less than 12 months) </div> </div>	
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="margin-top: 5px;"> ☐ special extension (enter description) </div>	

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <u>1 MEDICAL CENTER DR</u> <u>MORGANTOWN, WV 26506-1200</u> </div> <div> <u>1 MEDICAL CENTER DR</u> <u>MORGANTOWN, WV 26506-1200</u> </div> </div>		1c Effective date of plan <u>01/01/1985</u>	
		2b Employer Identification Number (EIN) <u>55-0643304</u>	
		2c Plan Sponsor's telephone number <u>304-598-4000</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.	10/15/2019	LAURA CARNEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	LAURA CARNEY
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11853
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 10296 6a(2) 10444 6b 168 6c 3025 6d 13637 6e 22 6f 13659 6g 12927 6h 56
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
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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)** ☒ 5 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY HOSPITALS, INC.	D Employer Identification Number (EIN) 55-0643304

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

(a) Name of insurance carrier TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	406846	2912	01/01/2018	12/31/2018

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
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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	

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(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** 82629206**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 85106689**c** Additions: (1) Contributions deposited during the year **7c(1)** 735036
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 2958329
(4) Transferred from separate account **7c(4)** 5991021
(5) Other (specify below) **7c(5)** 0
▶(6) Total additions **7c(6)** 9684386**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 94791075**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 7002349
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)** 5159520
(4) Other (specify below) **7e(4)** 0
▶(5) Total deductions **7e(5)** 12161869**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 82629206

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 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY HOSPITALS, INC.	D Employer Identification Number (EIN) 55-0643304

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

(a) Name of insurance carrier TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	406904	8	01/01/2018	12/31/2018

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(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** 30710**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 56910**c** Additions: (1) Contributions deposited during the year **7c(1)** 1924
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 1323
(4) Transferred from separate account **7c(4)** 21659
(5) Other (specify below) **7c(5)** 4
▶(6) Total additions **7c(6)** 24910**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 81820**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 0
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)** 51086
(4) Other (specify below) **7e(4)** 25
▶(5) Total deductions **7e(5)** 51111**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 30709

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 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
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 STANDARD INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	808173A	413	01/01/2018	12/31/2018

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

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

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

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

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

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

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	(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	6927463

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	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)	6927463	
	7c(5)		

(6) Total additions.....	7c(6)	6927463
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d Total of balance and additions (add lines 7b and 7c(6))	7d	6927463
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions.....	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6927463
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan WEST VIRGINIA UNIVERSITY HOSPITALS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WEST VIRGINIA UNIVERSITY HOSPITALS, INC.	D Employer Identification Number (EIN) 55-0643304

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

(a) Name of insurance carrier VARIABLE ANNUITY LIFE INSURANCE CO
--

(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	68324	448	01/01/2018	12/31/2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 569804**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 0(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 0(4) Transferred from separate account **7c(4)** 569804(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 569804**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 569804**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 0(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 569804

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 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
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 GREAT WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	458009-01	221	01/01/2018	12/31/2018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 214265**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 0
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 0
(4) Transferred from separate account **7c(4)** 214265
(5) Other (specify below) **7c(5)** 0
▶(6) Total additions **7c(6)** 214265**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 214265**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 0
(2) Administration charge made by carrier **7e(2)** 0
(3) Transferred to separate account **7e(3)** 0
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 214265

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 Internal Revenue Service</div> <div>Department of Labor 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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
04-2647786

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

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

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

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

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

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

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

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	41285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIBZ FINANCIAL SOLUTIONS

PO BOX 632886
CINCINNATI, OH 45263

52-1396995

(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	71505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER RETIREMENT

8515 EAST ORCHARD ROAD
GREENWOOD, 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	21802	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)

FIDELITY INVESTMENTS

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	500	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☒

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

TIAA - TEACHERS INS ASSOC OF AMER

730 THIRD AVENUE
NEW YORK, NY 10017

13-1624203

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

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

RAYMOND JAMES FIN SERVS

12651 HIGH BLUFF DRIVE
SUITE 250
SAN DIEGO, CA 10017

59-2937883

(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?
		46875	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)

TIAA TEACHERS INS ASSOC OF AMERICA

730 THIRD AVENUE
NEW YORK, NY 10017

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		14050	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
FIDELITY INVESTMENTS	60	0
(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:

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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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	776157	765801
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	2339024	2646450
(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)	391178	3770573
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	9830070	9391774
(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)	380374664	442506584
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	85106689	90126474
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	478817782	549207656

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	639288	639288
k Total liabilities (add all amounts in lines 1g through 1j)	1k	639288	639288

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	478178494	548568368
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	13194029	
(B) Participants	2a(1)(B)	29962457	
(C) Others (including rollovers)	2a(1)(C)	5563618	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		48720104
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)	69811	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		69811
(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)	20816004	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		20816004
(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)		447974
(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)		-43396519
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		26657374

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32714241	
(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)		32714241
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)	15401	
(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)		15401
j Total expenses. Add all expense amounts in column (b) and enter total	2j		32729642

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6072268
l Transfers of assets:			
(1) To this plan.....	2l(1)		76462142
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **BAKER TILLY VIRCHOW KRAUSE, LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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)
ST. JOSEPH'S HOSPITAL 403(B) PLAN	55-0356996	002
REYNOLDS MEMORIAL HOSPITAL INC., 403(B)	55-0357045	003
CAMDEN CLARK MEDICAL CENTER 403(B) PLAN	31-1524546	002

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 sections 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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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
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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>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

Financial Statements and
Supplementary Information

December 31, 2018 and 2017

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

Notes to Financial Statements
December 31, 2018 and 2017

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Independent Auditors' Report

To the Plan Administrator and Participants of
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 statements of net assets available for benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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, T. Rowe Price Investment Services, Inc., and Charles Schwab Bank, 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, 2018 and 2017, and for the year ended December 31, 2018, 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 statements 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 \$0.9 million and \$1.3 million as of December 31, 2018 and 2017, respectively. Further, benefit payments, net of investment losses of approximately \$0.4 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, 2018. 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, 2018 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 Virchow Krause, LLP

Pittsburgh, Pennsylvania
October 14, 2019

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

Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets		
Investments at fair value	\$ 486,306,896	\$ 425,828,716
Investments at contract value	<u>56,483,737</u>	<u>50,258,864</u>
Total investments	<u>542,790,633</u>	<u>476,087,580</u>
Receivables:		
Employer contribution	2,646,450	2,339,024
Notes receivable from participants	<u>3,770,573</u>	<u>391,178</u>
Total receivables	<u>6,417,023</u>	<u>2,730,202</u>
Total assets	549,207,656	478,817,782
Due to Plan Sponsor	<u>639,288</u>	<u>639,288</u>
Net assets available for benefits	<u>\$ 548,568,368</u>	<u>\$ 478,178,494</u>

See notes to financial statements

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

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2018

Additions

Investment income (loss):	
Net depreciation in fair value of investments	\$ (42,948,545)
Interest and dividends	<u>20,816,004</u>
Net investment loss	<u>(22,132,541)</u>
Interest income on notes receivable from participants	<u>69,811</u>
Contributions:	
Participants	29,962,457
Rollovers	5,563,618
Employer	<u>13,194,029</u>
Total contributions	<u>48,720,104</u>
Total additions	<u>26,657,374</u>

Deductions

Benefits paid to participants	32,714,241
Administrative expenses	<u>15,401</u>
Total deductions	<u>32,729,642</u>
Plan mergers (Note 1)	<u>76,462,142</u>
Net increase	<u>70,389,874</u>

Net Assets Available for Benefits

Beginning of year	<u>478,178,494</u>
End of year	<u><u>\$ 548,568,368</u></u>

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

Notes to Financial Statements

December 31, 2018 and 2017

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").

On December 20, 2018, Company's the Board of Directors approved a resolution to merge the Camden Clark Medical Center 403(b) Plan, the Reynolds Memorial Hospital, Inc. 403(b) Plan, and the St. Joseph's Hospital 403(b) Plan with the Plan, effective December 31, 2018. As a result of these plan mergers, net assets available for benefits of approximately \$76.5 million were transferred to the Plan effective December 31, 2018, and former participants of the employee groups included in the merged plans will now be eligible to participate in the Plan.

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, which amounted to \$2,646,450 in 2018. 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, 2018 and 2017

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 3.25 percent to 6.25 percent at December 31, 2018, 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.

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.

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

Notes to Financial Statements

December 31, 2018 and 2017

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, 2018 and 2017.

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.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 14, 2019, 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.

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

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

Notes to Financial Statements

December 31, 2018 and 2017

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, 2018 and 2017.

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 net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market 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 Stable Value Fund and the TIAA Traditional Annuity Account ("TIAA Account"). The TIAA Stable Value Fund and certain contracts of the TIAA 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 (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, 2018, 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.

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.

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

Notes to Financial Statements

December 31, 2018 and 2017

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017:

Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 353,124,812	\$ -	\$ -	\$ 353,124,812
Money market fund	765,801	-	-	765,801
CREF separate accounts	-	89,381,772	-	89,381,772
Non fully benefit-responsive guaranteed annuity contracts - TIAA Account	-	-	33,642,737	33,642,737
Total assets in the fair value hierarchy	<u>\$ 353,890,613</u>	<u>\$ 89,381,772</u>	<u>\$ 33,642,737</u>	476,915,122
Investments measured at net asset value (a)				<u>9,391,774</u>
Investments at fair value				<u>\$ 486,306,896</u>
Assets at Fair Value as of December 31, 2017				
Mutual funds	\$ 276,270,960	\$ -	\$ -	\$ 276,270,960
Money market fund	776,156	-	-	776,156
CREF separate accounts	-	104,103,704	-	104,103,704
Non fully benefit-responsive guaranteed annuity contracts - TIAA Account	-	-	34,847,826	34,847,826
Total assets in the fair value hierarchy	<u>\$ 277,047,116</u>	<u>\$ 104,103,704</u>	<u>\$ 34,847,826</u>	415,998,646
Investments measured at net asset value (a)				<u>9,830,070</u>
Investments at fair value				<u>\$ 425,828,716</u>

(a) 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 Statements of Net Assets Available for Benefits.

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

Notes to Financial Statements

December 31, 2018 and 2017

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, 2018:

	<u>TIAA Account</u>
Balance, beginning of year	\$ 34,847,826
Interest	346,036
Realized gains	662,185
Unrealized gains relating to instruments still held at the reporting date	390,594
Withdrawals	(1,934,447)
Interfund transfers	(669,457)
	<u> </u>
Balance, end of year	<u>\$ 33,642,737</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.

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, 2018 and 2017, respectively, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value December 31, 2018	Fair Value December 31, 2017	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Non fully benefit-responsive guaranteed annuity contracts - TIAA Account	\$ 33,642,737	\$ 34,847,826	Discounted cash flow	Risk-adjusted discount rate	3.25% - 4.75%

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, 2018 and 2017, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

<u>December 31, 2018</u>				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
TIAA real estate fund	\$ 9,391,774	N/A	Daily	Limit of once per quarter
<u>December 31, 2017</u>				
TIAA real estate fund	\$ 9,830,070	N/A	Daily	Limit of once per quarter

4. Fully Benefit-Responsive Investment Contracts

The Plan holds a portfolio of traditional investment contracts with the Variable Annuity Life Insurance Company ("VALIC"), Standard Insurance Company, and TIAA. Plan participants enter into these contractual agreements with TIAA through the Plan by selecting the TIAA Stable Value Fund or 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.

The VALIC Fixed Interest Option, Standard Stable Asset Fund, TIAA Stable Value Fund, SRA, and GSRA 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 issuers are contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. The crediting rates are based on formulas established by the contract issuers and are reviewed on a quarterly basis for resetting. The contracts 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 issuers. 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, 2018 and 2017

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, T. Rowe Price Investment Services, Inc., and Charles Schwab Bank, 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 \$3,417,976 at December 31, 2018 and \$4,596,962 at December 31, 2017.

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.

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

Notes to Financial Statements

December 31, 2018 and 2017

8. Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. 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 Statements of Net Assets Available for Benefits.

As of December 31, 2018 and 2017, the Plan had investments of \$118,894,592 and \$135,043,828, 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 2018 and 2017. Accordingly, the custodians of the Plan have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2018, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2018.

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 \$0.9 million as of December 31, 2018 and 1.3 million as of December 31, 2017, and benefit payments, net of investment losses of approximately \$0.4 million for the year ended December 31, 2018.

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

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

EIN: 55-0643304 Plan Number: 001

December 31, 2018

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Guaranteed annuity contract	TIAA Traditional Account	N/R	\$ 76,839,590
*	Pooled separate account	CREF Stock	N/R	42,055,002
	Mutual fund	American Century One Choice 2030 Instl	N/R	30,942,209
	Mutual fund	American Century One Choice 2025 Instl	N/R	29,059,301
	Mutual fund	American Century One Choice 2035 Instl	N/R	24,142,270
	Mutual fund	American Century One Choice 2045 Instl	N/R	21,241,300
	Mutual fund	American Century One Choice 2040 Instl	N/R	19,342,797
	Mutual fund	American Century One Choice 2050 Instl	N/R	18,830,258
	Mutual fund	American Century One Choice 2020 Instl	N/R	18,372,629
*	Pooled separate account	CREF Growth	N/R	15,942,348
	Mutual fund	American Century One Choice 2055 Instl	N/R	14,686,129
*	Pooled separate account	CREF Global Equities	N/R	10,937,584
*	Pooled separate account	TIAA Real Estate	N/R	9,391,774
*	Pooled separate account	CREF Equity Index	N/R	7,368,280
	Guaranteed investment contract	Standard Stable Asset Fund I	N/R	6,927,463
	Mutual fund	Vanguard Target Retirement 2050 Fd	N/R	6,839,092
	Mutual fund	American Century One Choice In Ret Instl	N/R	6,259,003
	Mutual fund	BlackRock S&P 500 Index Fund	N/R	6,230,790
*	Guaranteed annuity contract	TIAA Stable Value	N/R	5,789,616
*	Pooled separate account	CREF Bond Market	N/R	5,349,569
	Mutual fund	American Funds Growth Fund R4	N/R	5,062,573
	Mutual fund	Pioneer Bond Fund Class Y	N/R	4,294,107
	Mutual fund	Federated Total Return Bond Fund Inst	N/R	4,286,829
*	Mutual fund	Fidelity Freedom 2030 K	N/R	4,225,386
*	Mutual fund	T. Rowe Price Retirement 2020 Fund - R	N/R	3,912,418
*	Pooled separate account	CREF Social Choice	N/R	3,811,329
	Mutual fund	Vanguard Target Retirement 2040 Fd	N/R	3,761,046
	Mutual fund	Vanguard Target Retirement 2030 Fd	N/R	3,703,319
	Mutual fund	Vanguard Value Index Fund	N/R	3,701,194
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	3,695,167
	Mutual fund	Vanguard Target Retirement 2045 Fd	N/R	3,300,353
*	Mutual fund	Fidelity Contrafund	N/R	3,253,944
*	Mutual fund	Fidelity Freedom 2040 K	N/R	3,089,669
	Mutual fund	MFS Intl Value CI R4	N/R	3,088,899
*	Mutual fund	Fidelity Freedom 2020 K	N/R	2,942,551
*	Mutual fund	Great-West Guaranteed Portfolio Fund	N/R	2,898,380
	Mutual fund	Vanguard Target Retirement 2025 Fd	N/R	2,865,316
*	Mutual fund	Fidelity Freedom 2025 K	N/R	2,861,858
*	Mutual fund	T. Rowe Price Retirement 2030 Fund - R	N/R	2,835,713
*	Mutual fund	T. Rowe Price Blue Chip	N/R	2,751,018
	Mutual fund	Vanguard Target Retirement 2035 Fd	N/R	2,578,378
*	Mutual fund	T. Rowe Price Retirement 2050 Fund - R	N/R	2,474,325
	Mutual fund	Columbia Small Cap Index Fund R5	N/R	2,296,846
	Mutual fund	BlackRock International Index Fund	N/R	2,203,184
*	Pooled separate account	CREF Money Market	N/R	2,191,830
	Mutual fund	American Funds Cap Wld Gr & Inc R4	N/R	2,017,117
*	Mutual fund	Fidelity Advisor Total Bond A	N/R	1,973,824
	Mutual fund	American Century Sustainable EQ Inst	N/R	1,971,451
	Mutual fund	Oppenheimer Develop Markets Y	N/R	1,961,551
	Mutual fund	Vanguard Target Retirement 2020 Fd	N/R	1,899,529
	Mutual fund	Morgan Stanley Core Plus Fixed CI	N/R	1,865,193
	Mutual fund	SSGA S & P 500 Index	N/R	1,834,217
	Mutual fund	Baron Growth	N/R	1,820,733
*	Mutual fund	Fid 500 index	N/R	1,797,005
*	Mutual fund	Fidelity Low Priced Stk	N/R	1,754,571
*	Pooled separate account	CREF Inflation-Linked Bond	N/R	1,725,830
	Mutual fund	PIMCO Tot Return Adm	N/R	1,702,319
	Mutual fund	Mass Mutual Sel Mid Cap Growth Equity II R5	N/R	1,701,131
	Mutual fund	Oppenheimer International Small-Mid Co Y	N/R	1,622,824
*	Mutual fund	Schwab Small Cap Index Select	N/R	1,596,549
	Mutual fund	BlackRock High Yield Bond Instl	N/R	1,559,433
	Mutual fund	JP Morgan Intrepid Value R5	N/R	1,476,718
	Mutual fund	Blackrock Multi Asset Incm Port Inst	N/R	1,432,968
	Mutual fund	Harbor Mid Cap Value Fd Instl CI	N/R	1,432,212
*	Mutual fund	Fidelity Freedom 2045 K	N/R	1,393,884
	Mutual fund	Janus Triton I	N/R	1,326,082
	Mutual fund	BlackRock US Total Bond Index Fund	N/R	1,277,940
*	Mutual fund	Fidelity Freedom Inc K	N/R	1,273,313

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

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

EIN: 55-0643304 Plan Number: 001

December 31, 2018

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Ivy International Core Equity I	N/R	1,232,457
*	Mutual fund	Fidelity Adv Strategic Income Fund	N/R	1,089,304
	Mutual fund	Principal Real Es Securities R5	N/R	1,063,923
	Mutual fund	Lord Abbett Short Duration Incm I	N/R	1,039,808
	Mutual fund	Prudential QMA Mid Cap Value Z	N/R	1,023,272
*	Mutual fund	Fidelity Freedom 2050 K	N/R	989,751
*	Mutual fund	Fidelity Intermed Bond	N/R	987,671
*	Mutual fund	Fidelity Freedom 2035 K	N/R	984,963
*	Mutual fund	Fidelity Blue Chip Growth	N/R	971,136
	Mutual fund	JP Morgan Large Cap Gr A	N/R	960,845
	Mutual fund	Harding Loevner Emerging Markets	N/R	956,121
	Mutual fund	Pimco Income Adm	N/R	947,897
	Mutual fund	Federated Mdt Small Cap Growth Inst	N/R	935,360
	Mutual fund	SEI Instl US Managed Volatility A	N/R	928,054
	Mutual fund	Vanguard Inflation Prot Sec Adm	N/R	877,532
	Mutual fund	American Funds Fundamental Inv Fund R4	N/R	876,303
	Mutual fund	American Century Income & Growth Ins	N/R	866,594
*	Mutual fund	Fidelity Freedom 2055 K	N/R	845,425
	Mutual fund	Columbia Sm Cp Index A	N/R	824,623
	Mutual fund	American Funds EuroPacific R4	N/R	788,214
*	Money market	Fidelity Government Money Market	N/R	749,337
*	Mutual fund	Fidelity Invst Gr Bd	N/R	746,929
	Mutual fund	Columbia Mid Cp Index A	N/R	729,867
*	Mutual fund	T. Rowe Price Fund 2030	N/R	676,481
	Mutual fund	Janus Henderson Mid Cap Value N	N/R	648,873
	Mutual fund	Janus Enterprise Fund T	N/R	625,956
	Mutual fund	Columbia Seligman Comm & Info Z	N/R	603,870
	Mutual fund	Columbia Mid Cap Index Fund R5	N/R	603,729
*	Mutual fund	Fidelity Intl Discovery	N/R	601,693
	Mutual fund	Harbor International Fund Instl	N/R	601,430
*	Mutual fund	Great-West Securefoundation Balanced G1	N/R	564,017
	Mutual fund	Vaughan Nelson Small Cap Value Y	N/R	558,020
	Mutual fund	Vanguard Small Cap Value Index Admir	N/R	546,479
*	Mutual fund	Fidelity Mid Cap Stock	N/R	526,742
*	Mutual fund	T. Rowe Price 2030 ADV	N/R	511,669
*	Mutual fund	T. Rowe Price Fund 2020	N/R	486,004
*	Mutual fund	T. Rowe Price 2025 ADV	N/R	476,568
*	Mutual fund	T. Rowe Price Retirement Income Fund R	N/R	468,635
*	Mutual fund	Fidelity Freedom 2010 K	N/R	463,568
*	Mutual fund	T. Rowe Retirement 2035	N/R	457,139
	Mutual fund	Vanguard Target Retirement 2015 Fd	N/R	447,502
	Mutual fund	Guggenheim Alpha Oppty I	N/R	440,991
	Mutual fund	VRS Partners A	N/R	433,870
	Mutual fund	Dreyfus Premier Natural Resources FD	N/R	430,335
*	Mutual fund	Fidelity Diversified Intl	N/R	409,151
*	Mutual fund	Fidelity Equity Income	N/R	379,798
*	Mutual fund	T. Rowe Price Retirement 2010 Fund - R	N/R	366,783
	Mutual fund	Vanguard 500 Index Admiral Fund	N/R	361,336
*	Guaranteed investment contract	VALIC Fixed Interest Option	N/R	355,539
	Mutual fund	Victory Sycamore Established Value A	N/R	352,538
	Mutual fund	Janus Henderson Balanced S	N/R	319,230
	Mutual fund	JPMorgan Small Cap Value Fund R5	N/R	297,246
	Mutual fund	American Funds Income Fund R4	N/R	285,333
*	Mutual fund	T. Rowe Price 2035 ADV	N/R	274,087
*	Mutual fund	T. Rowe Retirement 2025	N/R	257,134
*	Mutual fund	VALIC Fixed Account Plus	N/R	256,973
*	Mutual fund	T. Rowe Price Fund 2040	N/R	251,015
	Mutual fund	Delaware Emerging Markets A	N/R	243,281
*	Mutual fund	T. Rowe Retirement 2045	N/R	240,855
*	Mutual fund	Fidelity Freedom 2015 K	N/R	237,022
	Mutual fund	Vanguard Target Retirement Incm Inv	N/R	218,333
*	Guaranteed investment contract	Guaranteed Interest Fund	N/R	214,265
*	Mutual fund	T. Rowe Price 2040 ADV	N/R	209,290
*	Mutual fund	T. Rowe Price 2050 ADV	N/R	191,914
*	Mutual fund	T. Rowe Price 2020 ADV	N/R	190,863
*	Mutual fund	Fidelity Overseas	N/R	188,407
	Mutual fund	ABF Lg Cap Val Inv	N/R	178,838
*	Mutual fund	JH SM CAP CORE A	N/R	171,898

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

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

EIN: 55-0643304 Plan Number: 001

December 31, 2018

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Janus Forty T	N/R	170,130
	Mutual fund	Vanguard Mid Cap Index	N/R	167,314
	Mutual fund	Franklin Templeton Conservative Allocation Fund Class A	N/R	167,052
	Mutual fund	MSIF Emerging Mkts A	N/R	166,786
	Mutual fund	Vanguard Total Intl Stock Index Admiral	N/R	166,633
*	Mutual fund	Fidelity Freedom 2060 K	N/R	164,408
	Mutual fund	Metropolitan West Total Return Bond M	N/R	159,337
	Mutual fund	Perkins Mid CP Val T	N/R	158,889
	Mutual fund	Vanguard Wellington Admiral Fund	N/R	156,833
*	Mutual fund	Fidelity Magellan	N/R	154,667
*	Mutual fund	T. Rowe Price 2055 ADV	N/R	152,415
	Mutual fund	FS Total Return Fund	N/R	132,779
	Mutual fund	Prudential Jennison Small Company A	N/R	127,160
	Mutual fund	Federated Kaufmann Large Cap Instl	N/R	123,476
*	Mutual fund	TRP Real Estate	N/R	123,070
	Mutual fund	Loomis Sm Cap Val R	N/R	123,039
*	Mutual fund	T. Rowe Retirement 2050	N/R	118,648
	Mutual fund	Harbor Capital Appreciation Adm	N/R	114,260
	Mutual fund	Vanguard Total Bond Market Index	N/R	108,149
*	Mutual fund	Fidelity Value	N/R	105,734
	Mutual fund	Maxim Ariel MidCap Value Portfolio	N/R	97,145
*	Mutual fund	T. Rowe Price 2045 ADV	N/R	96,543
*	Mutual fund	T. Rowe Price Gov't Prime Account	N/R	96,413
*	Mutual fund	T. Rowe Price Retirement 2060 Fund - R	N/R	94,763
	Mutual fund	Hotchkis and Wiley Small Cap Value A	N/R	91,869
*	Mutual fund	T. Rowe Price New Horizon	N/R	89,090
	Mutual fund	JP Morgan Large Cap Growth A	N/R	88,469
*	Mutual fund	Fidelity Growth & Income	N/R	85,616
*	Mutual fund	Fidelity Disciplined Eqty	N/R	84,752
	Mutual fund	Lord Abbett Developing Growth P	N/R	83,863
	Mutual fund	Federated Strategic Value Dividend Instls	N/R	81,310
	Mutual fund	Delaware Small Cap Value Instl	N/R	76,999
	Mutual fund	Federated Global Allocation Fund A	N/R	76,783
	Mutual fund	Wesmark Government Bond Fund	N/R	74,172
*	Mutual fund	T. Rowe Price Rtmt Inc	N/R	72,990
*	Mutual fund	Maxim T. Rowe Price Equity/Income Port	N/R	72,743
	Mutual fund	Oppenheimer Capital Appreciation	N/R	70,520
	Mutual fund	SSGA Money Market Fund	N/R	69,032
	Mutual fund	Federated International Leaders Instl	N/R	68,769
	Mutual fund	American Funds Europacific R4	N/R	65,263
*	Mutual fund	T. Rowe Price Small Cap Value	N/R	62,920
*	Mutual fund	T. Rowe Price New Era	N/R	60,296
*	Mutual fund	Great-West S&P 500 Index Fund Inv	N/R	59,549
	Mutual fund	Federated MDT Small Cap Growth Inst	N/R	54,021
	Mutual fund	Wells Fargo Emerging Market Equity	N/R	53,972
	Mutual fund	Vanguard Small Cap Growth Index Admiral Fund	N/R	53,432
	Mutual fund	PIMCO Total Ret Instl	N/R	53,091
	Mutual fund	Vanguard Windsor II	N/R	48,659
*	Mutual fund	VALIC Stock Index Fund	N/R	47,331
	Mutual fund	Invesco Real Estate A	N/R	46,666
*	Mutual fund	Fidelity VIP II ContraFund	N/R	46,064
	Mutual fund	Vanguard 500 Index Fund	N/R	41,959
	Mutual fund	CB Value TR FI	N/R	40,591
	Mutual fund	BlackRock Equity Dividend A	N/R	39,378
*	Mutual fund	Fidelity Low Priced Stock	N/R	39,125
*	Mutual fund	T. Rowe Retirement 2018	N/R	37,453
*	Mutual fund	Fidelity Advisor Strategic Income I	N/R	37,357
	Mutual fund	Perkins Small Cap Value Fund T	N/R	36,835
*	Mutual fund	T. Rowe Price New Income	N/R	35,055
*	Mutual fund	Fidelity Dividend Growth	N/R	34,003
*	Mutual fund	VALIC Growth Fund	N/R	33,688
	Mutual fund	PIMCO Real Ret Admin	N/R	32,051
	Mutual fund	Maxim Index 600 Portfolio	N/R	31,530
*	Mutual fund	T. Rowe Price Equity Income	N/R	31,246
	Mutual fund	Maxim Loomis Sayles Bond Portfolio	N/R	30,240
*	Mutual fund	T. Rowe Price International Stock	N/R	29,296
*	Mutual fund	T. Rowe Price Equity Income	N/R	28,870
	Mutual fund	Janus Balanced Fund T	N/R	28,630

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

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

EIN: 55-0643304 Plan Number: 001

December 31, 2018

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	Mutual fund	Fidelity Freedom 2005 K	N/R	28,542
*	Mutual fund	T. Rowe Price Gov't Prime Account	N/R	27,798
	Mutual fund	Columbia Emerging Markets Instl 2	N/R	27,678
	Mutual fund	Federated Total Return Bond A	N/R	27,464
*	Mutual fund	T. Rowe Price Blue Chip	N/R	27,222
*	Mutual fund	Fidelity Sel Computers	N/R	27,175
	Mutual fund	Federated Max0Cap Index SVC	N/R	27,078
	Mutual fund	Invesco Mid Cap Core Equity A	N/R	26,852
*	Mutual fund	VALIC Large Capital Growth	N/R	26,720
*	Mutual fund	Fidelity Cap Appreciation	N/R	26,365
*	Mutual fund	T. Rowe Price Science & Technology	N/R	25,173
*	Mutual fund	VALIC Science & Technology Fund	N/R	24,612
	Mutual fund	WF Spec Mid Cap Val Adm	N/R	24,412
*	Mutual fund	T. Rowe Price Equity Index	N/R	24,225
*	Mutual fund	Fidelity Asset MGR 50%	N/R	24,165
*	Mutual fund	T. Rowe Price Retire 2030	N/R	23,770
	Mutual fund	Maxim MFS International Value Portfolio	N/R	23,620
*	Mutual fund	VALIC Small Cap Fund	N/R	22,518
	Mutual fund	Alger Capital Appreciation Instl I	N/R	21,500
	Mutual fund	Invesco Diversified Dividend A	N/R	21,098
	Mutual fund	Prudential Jennison Mid Cap Growth Z	N/R	20,510
	Mutual fund	Invesco International Growth Fund	N/R	20,027
	Mutual fund	Principal Real Estate Securities R5	N/R	19,819
	Mutual fund	Americent CP Pres MN Inv	N/R	19,519
*	Mutual fund	T. Rowe Price International Stock	N/R	18,959
	Mutual fund	Allianceber Small Cap Grade Adv	N/R	18,053
*	Mutual fund	VALIC Core Equity Fund	N/R	17,105
	Mutual fund	PIMCO Total Return Admin	N/R	16,812
	Money market	Maxim Money Market Portfolio	N/R	16,464
*	Mutual fund	Fidelity Sel Semiconduct	N/R	14,691
	Mutual fund	American Century Income & Growth Ins	N/R	14,295
	Mutual fund	BlackRock Strategic Income Opps Inv A	N/R	14,005
*	Mutual fund	VALIC Socially Responsible Fund	N/R	13,892
	Mutual fund	Ariel Appreciation Fund	N/R	13,724
	Mutual fund	Goldman Sachs Small/Mid Cap Growth Inv	N/R	12,378
*	Mutual fund	T. Rowe Price Retirement 2055	N/R	12,317
	Mutual fund	Artisan Mid Cap Inv	N/R	11,430
	Mutual fund	JHancock Alternative Asset Allocation R2	N/R	9,942
	Mutual fund	MFS International Value A Fund	N/R	9,778
	Mutual fund	Vanguard Windsor II	N/R	9,605
	Mutual fund	Dreyfus S & P 500 Index	N/R	9,551
*	Mutual fund	Fidelity Stock Sel Small Cap	N/R	9,538
*	Mutual fund	T. Rowe Price Fund 2010	N/R	9,413
	Mutual fund	MFS Value A	N/R	8,868
	Mutual fund	Maxim US Government Securities Portfolio	N/R	8,831
*	Mutual fund	Fidelity Growth Strategies	N/R	8,245
*	Mutual fund	FID US Bond idx	N/R	8,222
*	Mutual fund	T. Rowe Price Retirement 2040 Fund - R	N/R	7,592
	Mutual fund	PIMCO Com Real Ret I	N/R	7,493
*	Mutual fund	Fidelity Growth Company	N/R	7,109
*	Mutual fund	VALIC International Government Bond Fund	N/R	6,863
*	Mutual fund	Fidelity OTC Portfolio	N/R	6,264
*	Mutual fund	Fidelity Sel Software	N/R	6,237
*	Mutual fund	Fidelity Asset MGR 20%	N/R	5,339
	Mutual fund	Dreyfus International Stock Index	N/R	4,740
*	Mutual fund	Fidelity Fidelity	N/R	4,399
*	Mutual fund	T. Rowe Price Capital Appreciation	N/R	4,275
*	Mutual fund	T. Rowe Price New Income	N/R	4,235
	Mutual fund	Dreyfus Bond Market Index INV	N/R	4,179
	Mutual fund	Vanguard Small-Cap Index Fund - Inv	N/R	4,065
*	Mutual fund	VALIC International Growth I Fund	N/R	4,009
*	Mutual fund	VALIC Short Term Fixed Account	N/R	3,961
	Mutual fund	Clearbridge Large Cap Value A	N/R	3,741
	Mutual fund	Federated Short Term Income Service	N/R	3,609
	Mutual fund	Vanguard Target Retirement Income Inv	N/R	3,579
*	Mutual fund	T. Rowe Price Personal Balance	N/R	3,424
*	Mutual fund	Fidelity Puritan	N/R	3,347
*	Mutual fund	Fidelity Growth Discovery	N/R	3,229

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

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

EIN: 55-0643304 Plan Number: 001

December 31, 2018

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual fund	Clearbridge Aggressive Growth A	N/R	3,199
*	Mutual fund	VALIC Mid Cap Strategic Growth Fund	N/R	3,020
	Mutual fund	Wesmark Balanced Fund	N/R	2,993
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	2,984
	Mutual fund	Wesmark Growth Fund	N/R	2,762
*	Mutual fund	Fidelity Advisor High Income Advantage	N/R	2,711
	Mutual fund	Wells Fargo Income Plus A	N/R	2,583
	Mutual fund	Clearbridge Mid Cap Class A	N/R	2,513
	Mutual fund	Dreyfus Appreciation Fund	N/R	2,500
*	Mutual fund	VALIC Mid Cap Index Fund	N/R	2,365
*	Mutual fund	VALIC Emerging Economies Fund	N/R	1,993
*	Mutual fund	VALIC Dividend Value	N/R	1,969
	Mutual fund	Vanguard Total Bond Market Index Fund	N/R	1,904
*	Mutual fund	Fidelity VIP Growth Portfolio	N/R	1,828
	Mutual fund	Vanguard Federal Money Market Inv	N/R	1,800
*	Mutual fund	Fidelity Sel Technology	N/R	1,770
*	Mutual fund	Fidelity New Markets Inc	N/R	1,537
	Mutual fund	Artisan International Inv	N/R	1,479
	Mutual fund	Clearbridge Large Cap Growth A	N/R	1,462
*	Mutual fund	Fidelity Govt Income	N/R	1,344
*	Mutual fund	Fidelity Sel Financial	N/R	1,336
*	Mutual fund	VALIC Small Cap Index Fund	N/R	1,330
	Mutual fund	MFS Core Equity A	N/R	1,310
	Mutual fund	Oppenheimer International Growth A	N/R	1,242
	Mutual fund	Wesmark Small Company Growth Fund	N/R	1,079
*	Mutual fund	T.Rowe Price Fund 2060	N/R	1,034
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	789
*	Mutual fund	VALIC International Equities Fund	N/R	696
	Mutual fund	Janus Flexible Bond I	N/R	508
*	Mutual fund	Great-West Guaranteed Certificate Fund	N/R	274
*	Mutual fund	Fidelity Asset MGR 70%	N/R	204
*	Mutual fund	VALIC Foreign Value Fund	N/R	137
	Mutual fund	PIMCO total Return Fund	N/R	2
*	Participant loans	Interest rates: 3.25% - 6.25%	\$0	3,770,573
				<u>\$ 546,561,206</u>

* A party in interest as defined by ERISA

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