

<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>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><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><div>☐ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan REYNOLDS MEMORIAL RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1987
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) JOHN A. SICURELLA REYNOLDS MEMORIAL HOSPITAL, INC. 800 WHEELING AVENUE GLEN DALE, WV 26038	2b Employer Identification Number (EIN) 55-0357045 2c Sponsor's telephone number 304-845-3211 2d Business code (see instructions) 622000

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.	06/02/2010	BOB HUNT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/03/2010	JOHN SICURELLA
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WM ROBERT HUNT REYNOLDS MEMORIAL HOSPITAL, INC. 800 WHEELING AVENUE GLEN DALE, WV 26038		3b Administrator's EIN 55-0357045
		3c Administrator's telephone number 304-845-3211
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	548
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	394
b Retired or separated participants receiving benefits.....	6b	31
c Other retired or separated participants entitled to future benefits.....	6c	112
d Subtotal. Add lines 6a , 6b , and 6c	6d	537
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	542
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	542
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7
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 Characteristic Codes in the instructions:
 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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<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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> REYNOLDS MEMORIAL RETIREMENT PLAN	<div>B Three-digit plan number (PN)</div> ▶002
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> JOHN A. SICURELLA	<div>D Employer Identification Number (EIN)</div> 55-0357045

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

WESBANCO TRUST AND INVESTMENTS

1 BANK PLAZA
WHEELING, WV 26003

55-0675873

(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?
21	TRUSTEE	54854	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BODKIN WILSON & KOZICKI PLLC

THE MAXWELL CENTRE
32 TWENTIETH STREET, SUITE 300
WHEELING, WV 26003

55-0526247

(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?
10	AUDITOR		Yes ☐ No ☒	Yes ☐ No ☐	6300	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 ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan REYNOLDS MEMORIAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 JOHN A. SICURELLA	D Employer Identification Number (EIN) 55-0357045	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	598757	608870
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	70527	86236
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	240445	280044
(2) U.S. Government securities.....	1c(2)	3088969	4907445
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1251850	2162082
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	267280	425880
(B) Common	1c(4)(B)	9197008	10722773
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	3381462	2699544
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	18096298	21892874

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	18096298	21892874
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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)	608870	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		608870
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	334754	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		334754
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	283204	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		283204
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	15117306	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15214597	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-97291

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	3755642	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3755642
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4885179

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1033749	
(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)		1033749
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)		
(2) Contract administrator fees	2i(2)	54854	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		54854
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1088603

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3796576
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: BODKIN WILSON & KOZICKI PLLC

(2) EIN: 55-0526247

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
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.).....		X	
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		1200000
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.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>REYNOLDS MEMORIAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOHN A. SICURELLA</u>	D Employer Identification Number (EIN) <u>55-0357045</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>55-0357045</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 <u>26</u>

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	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 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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

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

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

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

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

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (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 item 19(b)?

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

Reynolds Memorial Retirement Plan

Financial Statements
Together with Auditor's Report
As of December 31, 2009 and 2008

BODKIN WILSON & KOZICKI_{PLLC}
CERTIFIED PUBLIC ACCOUNTANTS

REYNOLDS MEMORIAL RETIREMENT PLAN
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BODKIN WILSON & KOZICKI PLLC
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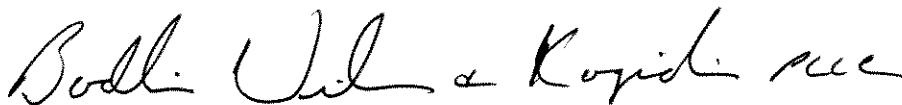
INDEPENDENT AUDITOR'S REPORT

To the Retirement Committee of
Reynolds Memorial Retirement Plan:

We were engaged to audit the financial statements of the Reynolds Memorial Retirement Plan as of December 31, 2009 and 2008 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by WesBanco Trust and Investment Services, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Wheeling, West Virginia,
May 28, 2010.

REYNOLDS MEMORIAL RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments	\$ 21,197,768	\$ 17,427,014
Receivables		
Employer contribution	608,870	598,757
Accrued interest and dividends	<u>86,236</u>	<u>70,527</u>
Total receivables	<u>695,106</u>	<u>669,284</u>
 Total assets	 21,892,874	 18,096,298
LIABILITIES		
 Total liabilities	 <u>-</u>	 <u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 21,892,874</u></u>	 <u><u>\$ 18,096,298</u></u>

The accompanying notes are an integral part of these financial statements.

REYNOLDS MEMORIAL RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS		
Investment income:		
Dividends	\$ 283,204	\$ 401,317
Interest	334,754	392,273
Net realized and unrealized appreciation (depreciation) of investments	<u>3,658,351</u>	<u>(6,087,517)</u>
	4,276,309	(5,293,927)
Less: investment expenses	<u>54,854</u>	<u>56,397</u>
Net investment income (loss)	4,221,455	(5,350,324)
Contributions:		
Employer	608,870	598,757
Total additions (deductions)	<u>4,830,325</u>	<u>(4,751,567)</u>
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	<u>1,033,749</u>	<u>2,465,650</u>
Total deductions	<u>1,033,749</u>	<u>2,465,650</u>
Net increase (decrease)	3,796,576	(7,217,217)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>18,096,298</u>	<u>25,313,515</u>
End of year	<u>\$ 21,892,874</u>	<u>\$ 18,096,298</u>

The accompanying notes are an integral part of these financial statements.

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

1. Description of Plan

The following description of the Reynolds Memorial Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is sponsored by Reynolds Memorial Hospital, Inc. (the Hospital).

General – The Plan, which was established January 1, 1987, and was amended and restated effective January 1, 2009, is a defined contribution plan covering all employees of the Hospital who have one year of service, are age nineteen or older, and have worked 500 or more hours during the plan year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – The Hospital's contribution is determined on an annual basis. The Hospital contributed to the plan during 2009 and 2008 an amount equal to 4% of the eligible compensation of all participants eligible to share in allocations. Contributions are subject to certain limitations. No participant contributions are permitted.

Funding Policy - The Plan's Funding Policy is that the annual contribution be funded to the Plan no later than March 15th of the following year.

Participant accounts – Each participant's account is credited with allocations of (a) the Hospital's contribution, (b) Plan earnings (losses), less investment expenses, and (c) Plan forfeitures. Contributions are allocated in proportion to the participant's gross wages to the total gross wages paid to plan participants for the year. Net plan earnings are allocated quarterly in the same proportion that each participant's account bears to the total of all participants' accounts as of the beginning of the Plan year, as adjusted for any distributions during the Plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting and Forfeitures – Participants are fully vested upon completion of three years of service. The funds of any participant who terminates employment prior to vesting are placed into a frozen account. If the participant does not return to work within five years, the frozen account is allocated to the remaining participants in the same proportion that each participant's contribution bears to the total contribution of all participants. Total account balances frozen for 2009 and 2008 were \$74,324 and \$66,789, respectively, and are included in the Net Assets Available for Plan Benefits in the accompanying statements. Amounts forfeited to the benefit of the Plan participants in 2009 and 2008, were \$2,844 and \$0, respectively.

Participant Loans - Participant loans are not permitted by the Plan.

Hardship Withdrawals - Hardship withdrawals are not permitted by the Plan.

Expenses – Expenses of the Plan are generally paid by the Hospital except for certain trustee fees, described in Note 5.

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

1. Description of Plan (Continued)

Payment of benefits – On termination of service, due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a term of years. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

2. Summary of Significant Accounting Policies

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value, in accordance with ASC 820 (formerly FASB Statement 157). Purchases and sales of shares are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting. Contributions are recorded by the Plan in the period the wages are earned. In accordance with ASC 965 (formerly SOP 92-6), benefits are recorded when paid.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent Events - Management has evaluated subsequent events through the date that the financial statements were issued, May XX, 2010, and determined that no events occurred that required disclosure. No subsequent events occurring after this date have been evaluated for inclusion in financial statements.

3. Investments

The Plan provides for the Plan trustee to execute all investment transactions. The Plan's investments are non-participant directed and held in a trust administered by the Trustee. The investments consist of common stocks, fixed income securities and money market securities. During 2009 and 2008, the Plan's investments appreciated (depreciated) in value by \$3,658,351 and \$(6,087,129), respectively, as follows:

	December 31	
	2009	2008
U.S. Government Agency Obligations	\$ (57,592)	\$ (1,968)
Corporate Obligations	58,768	94,481
Mutual Funds	815,842	(649,514)
Common Stocks	2,793,943	(5,500,865)
Preferred Stocks	47,390	(29,651)
Total	<u>\$ 3,658,351</u>	<u>\$ (6,087,517)</u>

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

3. Investments (continued)

The following presents investments which individually represent 5% or more of the Plan's net assets. Items marked with an asterisk (*) represent less than 5% of net assets for the year indicated.

Description	December 31	
	2009	2008
FNMA Note 5.8% 02/29/2026	\$ 1,356,332	\$ *
FNMA Note 5.987% 06/21/2027	\$ 1,539,840	\$ *
Vanguard Long Term Investment Grade Fund	\$ *	\$ 1,793,628

4. Fair Value

ASC 820 (formally FASB Statement 157) defines fair value, establishes a framework for measuring fair value, and establishes a fair value hierarchy which prioritizes the inputs to valuation techniques. 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. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach, as specified by ASC 820 are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities the Plan has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the assets or liability, either directly or indirectly. The valuation technique used by the plan for Level 2 investments is the market approach. Fixed income securities, including collateralized mortgage obligations, mortgaged-back securities, and corporate obligations are not actively traded in a public market. In addition, the Federated Prime Obligations Fund is a money market fund that is not publically traded. The values of these investments are based on other observable inputs such as maturities or yields for similar types of investments, in that market.
- Level 3 are unobservable inputs for the assets or liability and rely on management's own assumptions that market participants would use in pricing the asset or liability.

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

4. Fair Value (Continued)

The following table presents the fair value hierarchy of the Plan's investments measured at fair value on a recurring basis as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and equivalents	\$ -	\$ 280,044	\$ -	\$ 280,044
U.S. Government Agency Obligations	-	4,907,445	-	4,907,445
Corporate Obligations	-	2,162,082	-	2,162,082
Mutual Funds	2,699,544	-	-	2,699,544
Common Stock	10,722,773	-	-	10,722,773
Preferred Stock	425,880	-	-	425,880
Totals	<u>\$ 13,848,197</u>	<u>\$ 7,349,571</u>	<u>\$ -</u>	<u>\$ 21,197,768</u>

The following table presents the fair value hierarchy of the Plan's investments measured at fair value on a recurring basis as of December 31, 2008:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and equivalents	\$ -	\$ 240,445	\$ -	\$ 240,445
U.S. Government Agency Obligations	-	3,088,969	-	3,088,969
Corporate Obligations	-	1,251,850	-	1,251,850
Mutual Funds	3,381,462	-	-	3,381,462
Common Stock	9,197,008	-	-	9,197,008
Preferred Stock	267,280	-	-	267,280
Totals	<u>\$ 12,845,750</u>	<u>\$ 4,581,264</u>	<u>\$ -</u>	<u>\$ 17,427,014</u>

5. Retirement Plan Trust

The Hospital has entered into a Trust Agreement with the Trustee, appointing the bank to act as trustee of the Plan. The Trustee performs all of the custodial functions for the Plan. The Plan directly pays the trustee fees, which amounted to \$54,854 and \$56,397 for the years ended December 31, 2009 and 2008, respectively.

The Hospital provides certain administrative and accounting services to the Plan at no cost, and has paid the cost of services provided to the Plan by the Plan's legal counsel and independent auditors.

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

6. Benefits Payable

A number of the Plan's vested participants have terminated their employment with the Hospital and elected to defer their vested benefit payments. The total value of vested benefit payments deferred was approximately \$4,638,915 and \$3,854,736 at December 31, 2009 and 2008, respectively. These amounts are included in the Net Assets Available for Plan Benefits.

7. Plan Termination

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

8. Tax Status

The Internal Revenue Service has determined and informed the Trustee by letter dated March 6, 2002 that the plan and related trust, which the Sponsors of the Plan have adopted, are designed in accordance with applicable sections of the Internal Revenue Code. The Plan document has been amended and restated since receiving the determination letter. The amended and restated document is currently being reviewed by the Internal Revenue Service. In the meantime, management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

9. Information Certified by the Plan's Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2009 and 2008,
- Investment income, as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2009 and 2008,
- The Schedule of Assets Held at End of Year, as shown in the Supplemental Schedules, as of December 31, 2009
- The Schedule of Reportable Transactions, as shown in the Supplemental Schedules, for the year ended December 31, 2009

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

10. Parties in Interest Transactions

Parties-in-interest is defined by IRS Section 4785(e)(2) and ERISA Section 3(14)(c) to include, among others, any entity who provides services to the Plan. Therefore, investment fees included in the accompanying financial statements are considered parties-in-interest transactions. In addition, a trustee of the Plan sponsor is an officer of WesBanco Trust & Investment Services, who was the recipient of investment fees paid by the plan.

11. Plan Modification, Restatement, and Amendment

Effective November 21, 2008 the Plan was modified to change the valuation date from annually (December 31) to quarterly (March 31, June 30, September 30, and December 31). In addition, the Plan Administrator may conduct interim valuations in the event of a ten percent (10%) or more increase or decrease in the value of the Plan's investments as of the Plan's most recent valuation date.

Effective January 1, 2009, the Plan document was amended and restated in accordance with the Economic Growth and Tax Relief Reconciliation Act. The revised document includes the plan modification described in the preceding paragraph.

In accordance with applicable law changes, on March 3, 2009, the amended and restated Plan document was amended retroactively to January 1, 2007 to adopt the provisions required by the Pension Protection Act of 2006 and the Heroes Earnings Assistance Relief Tax Act of 2008.

Similarly, on March 3, 2009, the amended and restated Plan document was amended retroactively to January 1, 2008 to adopt the provisions required by the Final 415 Regulations.

12. Investment Risk and Market Activity Subsequent to Year End

Investments of the Plan are not insured by the FDIC; are not deposits or other obligations of, or guaranteed by any bank or affiliates; and are subject to investment risks, including possible loss of the principal amount invested.

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 values of investment securities will occur in the near term and such changes could affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

13. Reclassifications

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported net assets available for benefits.

SUPPLEMENTAL SCHEDULE

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2009

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>CASH AND CASH EQUIVALENTS</u>			
240,445	Federated Prime Obligations Fund	\$ 279,421	\$ 279,421
	Other Cash	623	623
	Total Cash and Cash Equivalents	<u>\$ 280,044</u>	<u>\$ 280,044</u>
<u>U.S. GOVERNMENT AGENCY OBLIGATIONS</u>			
96,899	FHLMC CMO FHR 5.5% 08/15/2013	\$ 97,020	\$ 100,102
91,367	FHLMC CMO FNBR 5.125% 06/25/2016	90,595	95,362
140,339	FNMA CMO FNR 5% 08/15/2021	140,272	144,634
195,303	FHLMC CMO FHR 5% 04/15/2024	195,760	203,029
1,350,000	FNMA Note 5.8% 02/29/2026	1,407,812	1,356,332
1,500,000	FNMA Note 5.987% 06/21/2027	1,571,688	1,539,840
500,000	FNMA Note 5.953% 6/21/2027	528,281	516,875
241,957	FNMA Pool 6% 07/01/2026	240,672	258,572
311,476	FNMA POOL 5.5% 07/01/2027	303,543	328,726
345,319	FNMA Pool 5.5% 03/01/2028	346,182	363,973
	Total U.S. Government Agency Obligations	<u>\$ 4,921,825</u>	<u>\$ 4,907,445</u>
<u>CORPORATE OBLIGATIONS</u>			
250,000	AT&T 6.7% 11/15/2013	\$ 273,560	\$ 282,062
300,000	GE Capital 4.875% 10/21/2010	300,000	310,245
200,000	GE Capital Corp. Series 5% 01/08/2016	173,406	202,282
200,000	Intl Business Machines 7.625% 10/15/2018	208,854	244,228

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2009

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>CORPORATE OBLIGATIONS (continued)</u>			
250,000	McCormick & Company 5.8% 07/15/2011	265,663	264,640
500,000	National City (PNC) Convertible 4% 02/01/2011	506,715	509,375
250,000	PNC Funding Floating Rate Note .42063% 01/31/2012	239,272	244,295
100,000	Tyco International 6.75% 02/15/2011	104,895	104,955
Total Corporate Obligations		<u>\$ 2,072,365</u>	<u>\$ 2,162,082</u>
<u>MUTUAL FUNDS</u>			
14,558	Artisan International Fund	\$ 350,000	\$ 300,770
7,773	Harbor International Fund	352,383	426,514
24,828	Oakmark International Fund	285,177	418,098
47,056	Vanguard Short Term Bond Fund	500,681	498,326
36,837	Adams Express Company	381,097	372,056
2,000	I Shares MSCI South Korea Index	92,550	95,280
8,000	Powershares QQQ	376,800	366,000
10,000	SPDR KBW Regional Banking	<u>218,683</u>	<u>222,500</u>
Total Mutual Funds		<u>\$ 2,557,371</u>	<u>\$ 2,699,544</u>
<u>COMMON STOCK</u>			
1,000	Abbott Laboratories	\$ 54,502	\$ 53,990
5,000	Alliancebernstein Holdings LP	139,775	140,500
3,000	American Electric Power Co	94,008	104,370
2,000	Amgen, Inc.	113,833	113,140
3,000	Apple Computer Inc	386,063	632,196
10,000	Archer Daniels Midland Co	336,060	313,100

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2009

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>COMMON STOCK (continued)</u>			
10,000	AT&T	333,837	280,300
12,000	Bank of NY Mellon Corp	513,872	335,640
1,000	Baxter International, Inc.	56,221	58,680
5,000	Bristol-Myers Squibb Company	102,065	126,250
3,500	Chevron Corporation	268,613	269,465
10,000	Chicago Bridge & Iron Company	356,830	202,200
15,000	Cisco Systems	273,562	359,100
5,000	Coca-Cola Co	266,176	285,000
2,500	Cooper Industries	133,502	106,600
7,000	Deere & Co	540,073	378,630
5,000	Duke Energy Corp	80,423	86,050
9,000	Duke Realty Corp	237,884	109,530
10,000	Emerson Electric Co	506,162	426,000
6,000	Ensco International	294,981	239,640
30,000	General Electric Co	890,800	453,900
500	Google Inc.	260,956	309,990
10,000	Halliburton Co	294,599	300,900
4,000	Harris Corp	187,700	190,200
2,000	HJ Heinz Co	74,286	85,520
3,000	Honeywell International Inc.	124,534	117,600
4,000	International Business Machines	416,900	523,600
4,000	Jacobs Engineering Group Inc.	320,475	150,440
2,000	Johnson & Johnson	124,707	128,820

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2009

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>COMMON STOCK (continued)</u>			
5,000	JP Morgan Chase	102,973	208,350
5,000	Lowes Inc	\$ 108,875	\$ 116,950
12,000	McDonalds Corp	637,390	749,280
2,000	Medco Health Solutions	87,121	127,820
3,000	Metlife, Inc.	105,485	106,050
4,000	NASDAQ OMX Group	96,910	79,280
4,000	Nucor Corp	174,663	186,600
2,000	Occidental Petroleum	148,702	162,700
20,000	Oracle Corp	411,527	490,600
6,200	Pepsico Inc	259,791	376,960
2,000	Teva Pharmaceutical	84,894	112,360
10,000	Textron, Inc	307,657	188,100
3,000	Toronto-Dominion Bank	96,631	188,160
5,000	URS Corp	186,560	222,600
3,000	Wal-Mart Stores Inc	165,665	160,350
13,200	Weatherford International	342,901	236,412
5,000	Woodward Governor	126,372	128,850
Total Common Stock		\$ 11,227,517	\$ 10,722,773
<u>PREFERRED STOCK</u>			
10,000	Merrill Lynch PFD Capital Trust Series III 7.00%	\$ 250,015	\$ 205,500
9,000	Bank of America Floating Rate	134,759	143,910
3,000	PNC Capital Trust E 7.75% PFD	74,785	76,470
Total Preferred Stock		\$ 459,559	\$ 425,880
Total Investments		\$ 21,518,681	\$ 21,197,768

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTION
FOR THE YEAR ENDED DECEMBER 31, 2009

Identity of Party Involved	Description of Asset	Purchase Price	Sales Price	Lease Rental	Expense incurred with transaction	Cost of asset	Current Value of asset on date of transaction	Net gain or (loss)
WesBanco	FNMA Note 5.8% 02/29/2026	\$ 1,407,812	\$ -	\$ -	\$ -	\$ 1,407,812	\$ 1,407,812	\$ -
WesBanco	FNMA Note 5.987% 06/21/2027	1,571,688	-	-	-	1,571,688	1,571,688	-
WesBanco	Vanguard Long Term Investment Grade Fund	-	2,076,908	-	-	1,900,000	2,076,908	176,908
Totals		<u>\$ 2,979,500</u>	<u>\$ 2,076,908</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,879,500</u>	<u>\$ 5,056,408</u>	<u>\$ 176,908</u>

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2009

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>CASH AND CASH EQUIVALENTS</u>			
240,445.06	Federated Prime Obligations Fund	\$ 279,421	\$ 279,421
	Other Cash	623	623
	Total Cash and Cash Equivalents	<u>\$ 280,044</u>	<u>\$ 280,044</u>
<u>U.S. GOVERNMENT AGENCY OBLIGATIONS</u>			
96,898.57	FHLMC CMO FHR 5.5% 08/15/2013	\$ 97,020	\$ 100,102
91,366.69	FHLMC CMO FNBR 5.125% 06/25/2016	90,595	95,362
140,338.80	FNMA CMO FNR 5% 08/15/2021	140,272	144,634
195,302.58	FHLMC CMO FHR 5% 04/15/2024	195,760	203,029
1,350,000.00	FNMA Note 5.8% 02/29/2026	1,407,812	1,356,332
1,500,000.00	FNMA Note 5.987% 06/21/2027	1,571,688	1,539,840
500,000.00	FNMA Note 5.953% 6/21/2027	528,281	516,875
241,957.19	FNMA Pool 6% 07/01/2026	240,672	258,572
311,475.99	FNMA POOL 5.5% 07/01/2027	303,543	328,726
345,318.96	FNMA Pool 5.5% 03/01/2028	346,182	363,973
	Total U.S. Government Agency Obligations	<u>\$ 4,921,825</u>	<u>\$ 4,907,445</u>
<u>CORPORATE OBLIGATIONS</u>			
250,000	AT&T 6.7% 11/15/2013	\$ 273,560	\$ 282,062
300,000	GE Capital 4.875% 10/21/2010	300,000	310,245
200,000	GE Capital Corp. Series 5% 01/08/2016	173,406	202,282
200,000	Intl Business Machines 7.625% 10/15/2018	208,854	244,228

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2009

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>CORPORATE OBLIGATIONS (continued)</u>			
250,000	McCormick & Company 5.8% 07/15/2011	265,663	264,640
500,000	National City (PNC) Convertible 4% 02/01/2011	506,715	509,375
250,000	PNC Funding Floating Rate Note .42063% 01/31/2012	239,272	244,295
100,000	Tyco International 6.75% 02/15/2011	104,895	104,955
Total Corporate Obligations		<u>\$ 2,072,365</u>	<u>\$ 2,162,082</u>
<u>MUTUAL FUNDS</u>			
14,558.09	Artisan International Fund	\$ 350,000	\$ 300,770
7,773.17	Harbor International Fund	352,383	426,514
24,827.65	Oakmark International Fund	285,177	418,098
47,056.32	Vanguard Short Term Bond Fund	500,681	498,326
36,837.21	Adams Express Company	381,097	372,056
2,000.00	I Shares MSCI South Korea Index	92,550	95,280
8,000.00	Powershares QQQ	376,800	366,000
10,000.00	SPDR KBW Regional Banking	<u>218,683</u>	<u>222,500</u>
Total Mutual Funds		<u>\$ 2,557,371</u>	<u>\$ 2,699,544</u>
<u>COMMON STOCK</u>			
1,000.00	Abbott Laboratories	\$ 54,502	\$ 53,990
5,000.00	Alliancebernstein Holdings LP	139,775	140,500
3,000.00	American Electric Power Co	94,008	104,370
2,000.00	Amgen, Inc.	113,833	113,140
3,000.00	Apple Computer Inc	386,063	632,196
10,000.00	Archer Daniels Midland Co	336,060	313,100

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2009

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>COMMON STOCK (continued)</u>			
10,000.00	AT&T	333,837	280,300
12,000.00	Bank of NY Mellon Corp	513,872	335,640
1,000.00	Baxter International, Inc.	56,221	58,680
5,000.00	Bristol-Myers Squibb Company	102,065	126,250
3,500.00	Chevron Corporation	268,613	269,465
10,000.00	Chicago Bridge & Iron Company	356,830	202,200
15,000.00	Cisco Systems	273,562	359,100
5,000.00	Coca-Cola Co	266,176	285,000
2,500.00	Cooper Industries	133,502	106,600
7,000.00	Deere & Co	540,073	378,630
5,000.00	Duke Energy Corp	80,423	86,050
9,000.00	Duke Realty Corp	237,884	109,530
10,000.00	Emerson Electric Co	506,162	426,000
6,000.00	Ensco International	294,981	239,640
30,000.00	General Electric Co	890,800	453,900
500.00	Google Inc.	260,956	309,990
10,000.00	Halliburton Co	294,599	300,900
4,000.00	Harris Corp	187,700	190,200
2,000.00	HJ Heinz Co	74,286	85,520
3,000.00	Honeywell International Inc.	124,534	117,600
4,000.00	International Business Machines	416,900	523,600
4,000.00	Jacobs Engineering Group Inc.	320,475	150,440
2,000.00	Johnson & Johnson	124,707	128,820

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2009

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>COMMON STOCK (continued)</u>			
5,000.00	JP Morgan Chase	102,973	208,350
5,000.00	Lowes Inc	\$ 108,875	\$ 116,950
12,000.00	McDonalds Corp	637,390	749,280
2,000.00	Medco Health Solutions	87,121	127,820
3,000.00	Metlife, Inc.	105,485	106,050
4,000.00	NASDAQ OMX Group	96,910	79,280
4,000.00	Nucor Corp	174,663	186,600
2,000.00	Occidental Petroleum	148,702	162,700
20,000.00	Oracle Corp	411,527	490,600
6,200.00	Pepsico Inc	259,791	376,960
2,000.00	Teva Pharmaceutical	84,894	112,360
10,000.00	Textron, Inc	307,657	188,100
3,000.00	Toronto-Dominion Bank	96,631	188,160
5,000.00	URS Corp	186,560	222,600
3,000.00	Wal-Mart Stores Inc	165,665	160,350
13,200.00	Weatherford International	342,901	236,412
5,000.00	Woodward Governor	126,372	128,850
Total Common Stock		\$ 11,227,517	\$ 10,722,773
<u>PREFERRED STOCK</u>			
10,000.00	Merrill Lynch PFD Capital Trust Series III 7.00%	\$ 250,015	\$ 205,500
9,000.00	Bank of America Floating Rate	134,759	143,910
3,000.00	PNC Capital Trust E 7.75% PFD	74,785	76,470
Total Preferred Stock		\$ 459,559	\$ 425,880
Total Investments		\$ 21,518,681	\$ 21,197,768

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTION
FOR THE YEAR ENDED DECEMBER 31, 2009

ATTACHMENT #2
55-0357045
SCHEDULE H
PART 4J

Identity of Party Involved	Description of Asset	Purchase Price	Sales Price	Lease Rental	Expense incurred with transaction	Cost of asset	Current Value of asset on date of transaction	Net gain or (loss)
WesBanco	FNMA Note 5.8% 02/29/2026	\$ 1,407,812	\$ -	\$ -	\$ -	\$ 1,407,812	\$ 1,407,812	\$ -
WesBanco	FNMA Note 5.987% 06/21/2027	1,571,688	-	-	-	1,571,688	1,571,688	-
WesBanco	Vanguard Long Term Investment Grade Fund	-	2,076,908	-	-	1,900,000	2,076,908	176,908
Totals		<u>\$ 2,979,500</u>	<u>\$ 2,076,908</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,879,500</u>	<u>\$ 5,056,408</u>	<u>\$ 176,908</u>