# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
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.)
JAY E. PRAGER

REYNOLDS MEMORIAL HOSPITAL,INC

800 WHEELING AVENUE
GLEN DALE, WV 26038

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. | 07/01/2011 | WILLIAM HUNT |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**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: JOHN A SICURELLA

**4b** EIN: 55-0357045

**4c** PN:

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 542 |
| **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** | 392 |
| **b** | Retired or separated participants receiving benefits | **6b** | 31 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 114 |
| **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** | 8 |
| **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)** | X | 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)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **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)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | X | **C** (Service Provider Information) |
| **(5)** | | **D** (DFE/Participating Plan Information) |
| **(6)** | | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**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
JAY E. PRAGER

**D** Employer Identification Number (EIN)
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

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 | 61396 | Yes ☐ No ☒ | Yes ☐ No ☐ | | 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 ☐ | | 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 |
|---|---|---|
| | | |

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

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

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

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

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE 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

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**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
JAY E. PRAGER

**D** Employer Identification Number (EIN)
55-0357045

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 608870 | 605202 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 86236 | 83721 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 280044 | 712928 |
| **(2)** U.S. Government securities | 1c(2) | 4907445 | 3024725 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 2162082 | 3677601 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 425880 | 821780 |
| **(B)** Common | 1c(4)(B) | 10722773 | 12606291 |
| **(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) | 2699544 | 2468140 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 21892874 | 24000388 |
| | **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 through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 21892874 | 24000388 |

## 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) | 605202 | |
| | **(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) | | 605202 |
| **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) | 322265 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 322265 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 294411 | |
| | **(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) | | 294411 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 17587974 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 17303568 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 284406 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 2159193 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 2159193 |
| (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 | | 3665477 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1496567 | |
| (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) | | 1496567 |
| **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) | 61396 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 61396 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1557963 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 2107514 |
| **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) [X] Disclaimer (4) [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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.) | 4a | | 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.) | 4b | | 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.) | 4c | | 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.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | 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? | 4f | | 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? | 4g | | 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? | 4h | | 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.) | 4i | 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.) | 4j | 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? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | 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. | 4n | | | |

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

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

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

# 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

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**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
JAY E. PRAGER

**D** Employer Identification Number (EIN)
55-0357045

## 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): 55-0357045

**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** 39

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

## 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):

---

**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, 2010 and 2009

BODKIN WILSON & KOZICKI PLLC
CERTIFIED PUBLIC ACCOUNTANTS

# REYNOLDS MEMORIAL RETIREMENT PLAN
# INDEX OF FINANCIAL STATEMENTS AND SCHEDULES


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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, 2010 and 2009 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, 2010 and 2009, 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, 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.

Bodkin, Wilson, & Kozicki PLLC

Wheeling, West Virginia,
June 30, 2011.

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2010 AND 2009**

| | 2010 | 2009 |
|---|---|---|
| **ASSETS** | | |
| Investments | **$ 23,311,465** | $ 21,197,768 |
| Receivables | | |
| Employer contribution | **605,202** | 608,870 |
| Accrued interest and dividends | **83,721** | 86,236 |
| Total receivables | **688,923** | 695,106 |
| Total assets | **24,000,388** | 21,892,874 |
| **LIABILITIES** | | |
| Total liabilities | - | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$ 24,000,388** | $ 21,892,874 |

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, 2010 AND 2009**

| | 2010 | 2009 |
|---|---|---|
| **ADDITIONS TO NET ASSETS** | | |
| Investment income: | | |
| Dividends | **$ 294,411** | $ 283,204 |
| Interest | **322,265** | 334,754 |
| Net realized and unrealized appreciation of investments | **2,443,599** | 3,658,351 |
| | **3,060,275** | 4,276,309 |
| Less: investment expenses | **61,396** | 54,854 |
| Net investment income | **2,998,879** | 4,221,455 |
| Contributions: | | |
| Employer | **605,202** | 608,870 |
| Total additions | **3,604,081** | 4,830,325 |
| **DEDUCTIONS FROM NET ASSETS** | | |
| Benefits paid to participants | **1,496,567** | 1,033,749 |
| Total deductions | **1,496,567** | 1,033,749 |
| Net increase | **2,107,514** | 3,796,576 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | **21,892,874** | 18,096,298 |
| End of year | **$ 24,000,388** | $ 21,892,874 |

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

## 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 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 2010 and 2009 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 by approximately 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 all 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 2010 and 2009 were $71,037 and $74,324, 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 2010 and 2009, were $17,038 and $2,844, 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 as described in Note 5.

## 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 distribution 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

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, benefits are recorded when paid.

Investment Valuation and Income Recognition – Investments are 100% non-participant directed and are carried on the books at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants (Note 4). Purchases and sales of shares are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

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, June 30, 2011, 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 trustee executes all investment transactions. The Plan's investments are held in a trust administered by the Trustee. The investments consist of common stocks, fixed income securities and money markets. During 2010 and 2009, the Plan's investments appreciated in value by $2,443,599 and $3,658,351, respectively, as follows:

| | 2010 | | 2009 | |
|---|---|---|---|---|
| | Market Value | Change in Value | Market Value | Change in Value |
| Cash and equivalents | $ 712,928 | - | $ 280,044 | - |
| U.S. government agency obligations | 3,024,725 | 506 | 4,907,445 | (57,592) |
| Municipal obligations | 446,929 | (12,450) | - | - |
| Corporate obligations | 3,230,673 | 11,629 | 2,162,082 | 58,768 |
| Mutual funds | 2,468,140 | 275,448 | 2,699,544 | 815,842 |
| Common stocks | 12,606,291 | 2,114,977 | 10,722,773 | 2,793,943 |
| Preferred stocks | 821,780 | 53,489 | 425,880 | 47,390 |
| Total | $ 23,311,465 | $ 2,443,599 | $ 21,197,768 | $ 3,658,351 |

## 3. Investments (continued)

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

| Description | December 31 2010 | 2009 |
|---|---|---|
| FNMA Note 5.8% 02/29/2026 | $ 1,355,927 | $ 1,356,332 |
| FNMA Note 5.987% 06/21/2027 | $ * | $ 1,539,840 |

## 4. Fair Value

ASC 820 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 in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset occurs in the principal market for the asset 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 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, either directly or indirectly. The valuation technique used by the plan for Level 2 investments is the market approach. Fixed income securities, including government agency obligations, municipal obligations, 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 and is defined as Level 2 by professional standards. 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 inputs are unobservable inputs for the assets or liability and rely on management's own assumptions that market participants would use in pricing the asset.

## 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, 2010:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Cash and equivalents | $ - | $ 712,928 | $ - | $ 712,928 |
| U.S. government agency obligations | - | 3,024,725 | - | 3,024,725 |
| Municipal obligations | - | 446,929 | - | 446,929 |
| Corporate obligations | - | 3,230,673 | - | 3,230,672 |
| Mutual funds | 2,468,140 | - | - | 2,468,140 |
| Common stock | 12,606,291 | - | - | 12,606,291 |
| Preferred stock | 821,780 | - | - | 821,780 |
| Totals | $ 15,896,211 | $ 7,415,255 | $ - | $ 23,311,465 |

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:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| 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 | $ 13,848,197 | $ 7,349,571 | $ - | $ 21,197,768 |

## 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.

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.

## 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 $5,009,990 and $4,638,915 at December 31, 2010 and 2009, 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 August 12, 2010 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. 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, 2010 and 2009,

- Investment income, as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2010 and 2009,

- The Schedule of Assets Held at End of Year, as shown in the Supplemental Schedules, as of December 31, 2010

- The Schedule of Reportable Transactions, as shown in the Supplemental Schedules, for the year ended December 31, 2010

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.

## 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 January 1, 2009, the Plan document was amended and restated in accordance with the Economic Growth and Tax Relief Reconciliation Act.

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

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.

# SUPPLEMENTAL INFORMATION

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2010**

| FACE/ SHARES | DESCRIPTION | COST | FAIR VALUE |
|---|---|---|---|
| **CASH AND CASH EQUIVALENTS** | | | |
| 708,402 | Federated Prime Obligations Fund | $ 708,402 | $ 708,402 |
| | Other Cash | 4,526 | 4,526 |
| | Total Cash and Cash Equivalents | $ 712,928 | $ 712,928 |
| **U.S. GOVERNMENT AGENCY OBLIGATIONS** | | | |
| 44,758 | FHLMC CMO FHR 5.5% 08/15/2013 | $ 44,814 | $ 46,317 |
| 34,149 | FHLMC CMO FNBR 5.125% 06/25/2016 | 33,871 | 34,947 |
| 736,450 | FNMA CMO FNR 0.76% 9/25/2037 | 736,450 | 742,003 |
| 1,350,000 | FNMA Note 5.8% 02/29/2026 | 1,407,812 | 1,355,927 |
| 150,000 | FHLB Fix to Float Note 2% 10/21/2020 | 150,000 | 148,469 |
| 500,000 | FNMA Note 5.953% 6/21/2027 | 528,281 | 511,585 |
| 169,896 | FNMA Pool 6% 07/01/2026 | 168,993 | 185,479 |
| | Total U.S. Government Agency Obligations | $ 3,070,222 | $ 3,024,725 |
| **MUNICIPAL OBLIGATIONS** | | | |
| 250,000 | Wisconsin St Transn Rev Build America Bonds 5.3% | 250,000 | 241,410 |
| 210,000 | Lebanon PA Auth SWR Rev Build America Bonds 5.97% | 209,378 | 205,519 |
| | Total U.S. Government Agency Obligations | $ 459,378 | $ 446,929 |
| **CORPORATE OBLIGATIONS** | | | |
| 250,000 | AT&T 6.7% 11/15/2013 | $ 273,560 | $ 284,043 |
| 500,000 | Bank of America MTN Fix to Float 4% 03/23/2017 | 500,000 | 496,180 |
| 250,000 | Citigroup 5.375% 08/09/2020 | 252,983 | 259,753 |
| 250,000 | GE Capital 5.55% 05/04/2020 | 264,188 | 264,263 |

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2010**

| FACE/ SHARES | DESCRIPTION | COST | FAIR VALUE |
|---|---|---|---|
| **CORPORATE OBLIGATIONS (continued)** | | | |
| 200,000 | GE Capital Corp. Series 5% 01/08/2016 | 173,406 | 213,480 |
| 250,000 | Goldman Sachs Group 6% 06/15/2020 | 264,345 | 270,165 |
| 200,000 | Intl Business Machines 7.625% 10/15/2018 | 208,854 | 254,592 |
| 500,000 | JP Morgan Chase & Company 6.125% 06/27/2017 | 538,535 | 548,564 |
| 250,000 | McCormick & Company 5.8% 07/15/2011 | 265,663 | 257,290 |
| 250,000 | Teva Pharmaceuticals Finance Co 5.55% 02/01/2016 | 287,875 | 281,650 |
| 100,000 | Tyco International 6.75% 02/15/2011 | 104,895 | 100,693 |
| | Total Corporate Obligations | $ 3,134,303 | $ 3,230,672 |
| **MUTUAL FUNDS** | | | |
| 25,034 | Oakmark International Fund | $ 289,145 | $ 485,903 |
| 41 | Vanguard Short Term Inv Grade Bond Fund | 443 | 446 |
| 47,285 | Vanguard Short Term Inv Grade Bond Fund-ADM | 503,301 | 509,255 |
| 38,035 | Adams Express Company Closed End Fund | 393,609 | 408,497 |
| 4,000 | I Shares MSCI South Korea Index Fund | 177,446 | 244,760 |
| 5,000 | Ishares MSCI Germany Index Fund | 120,575 | 119,700 |
| 8,000 | Powershares QQQ Fund | 376,800 | 435,680 |
| 10,000 | Wisdomtree India Earnings Fund | 217,811 | 263,900 |
| | Total Mutual Funds | $ 2,079,130 | $ 2,468,140 |
| **COMMON STOCK** | | | |
| 1,000 | Abbott Laboratories | $ 54,503 | $ 47,910 |
| 3,000 | AMB Property Corp | 74,519 | 95,130 |
| 3,000 | American Electric Power Co | 94,009 | 107,940 |
| 2,000 | Amgen, Inc. | 113,833 | 109,800 |
| 2,000 | Apache Corp | 217,602 | 238,460 |
| 2,000 | Apple Computer Inc | 257,375 | 645,120 |
| 10,000 | Archer Daniels Midland Co | 336,060 | 300,800 |
| 10,000 | AT&T | 333,837 | 293,800 |
| 10,000 | Bank of NY Mellon Corp | 428,227 | 302,000 |

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2010**

| FACE/ SHARES | DESCRIPTION | COST | FAIR VALUE |
|---|---|---|---|
| **COMMON STOCK (continued)** | | | |
| 3,000 | Baxter International, Inc. | 171,212 | 151,860 |
| 2,000 | Boeing Co | 126,730 | 130,520 |
| 8,000 | Bristol-Myers Squibb Company | 174,800 | 211,840 |
| 3,500 | Chevron Corporation | 268,614 | 319,375 |
| 5,000 | Chicago Bridge & Iron Company | 178,415 | 164,500 |
| 1,500 | Church & Dwight Co., Inc. | 98,588 | 103,530 |
| 15,000 | Cisco Systems | 273,562 | 303,450 |
| 5,000 | Coca-Cola Co | 266,176 | 328,850 |
| 2,500 | Cooper Industries | 133,502 | 145,725 |
| 2,000 | Costco Wholesale Corp | 113,734 | 144,420 |
| 5,000 | Deere & Co | 385,766 | 415,250 |
| 3,000 | DOW Chemical Co | 100,237 | 102,420 |
| 5,000 | Duke Energy Corp | 80,424 | 89,050 |
| 9,000 | Duke Realty Corp | 237,884 | 112,140 |
| 2,000 | Eaton Corp | 140,040 | 203,020 |
| 7,000 | Ebay | 159,065 | 194,810 |
| 3,000 | EI Du Pont De Nemours & Co. | 98,593 | 149,640 |
| 10,000 | Emerson Electric Co | 506,162 | 571,700 |
| 15,000 | Flextronics Intl Ltd | 112,185 | 117,750 |
| 20,000 | General Electric Co | 593,867 | 365,800 |
| 2,000 | Genuine Parts | 95,550 | 102,680 |
| 500 | Google Inc. | 260,956 | 296,985 |
| 10,000 | Halliburton Co | 294,599 | 408,300 |
| 2,000 | HJ Heinz Co | 74,286 | 98,920 |
| 3,000 | Honeywell International Inc. | 124,534 | 159,480 |
| 3,000 | International Business Machines | 312,675 | 440,280 |
| 2,000 | Johnson & Johnson | 124,707 | 123,700 |
| 7,000 | JP Morgan Chase | 178,445 | 296,940 |
| 5,000 | Lowes Inc | 108,875 | 125,400 |
| 5,000 | McDonalds Corp | 265,579 | 383,800 |
| 2,000 | Medco Health Solutions | 87,121 | 122,540 |
| 3,000 | Metlife, Inc. | 105,485 | 133,320 |
| 5,000 | Moog Inc- Class A | 165,517 | 199,000 |
| 2,000 | Murphy Oil Corp | 103,410 | 149,100 |
| 4,000 | Nucor Corp | 174,663 | 175,280 |
| 2,000 | Occidental Petroleum | 148,702 | 196,200 |
| 20,000 | Oracle Corp | 411,527 | 626,000 |

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2010**

| FACE/ SHARES | DESCRIPTION | COST | FAIR VALUE |
|---|---|---|---|
| **COMMON STOCK (continued)** | | | |
| 6,200 | Pepsico Inc | 259,791 | 405,046 |
| 2,000 | Royal Dutch Shell PLC | 127,150 | 133,560 |
| 3,000 | Sonoco Products Company | 98,333 | 101,010 |
| 4,000 | Teva Pharmaceutical | 196,841 | 208,520 |
| 10,000 | Texas Instrument Inc | 237,513 | 325,000 |
| 3,000 | Toronto-Dominion Bank | 96,631 | 222,930 |
| 13,200 | Weatherford International | 342,901 | 300,960 |
| 7,000 | Wells Fargo & Co | 197,850 | 216,930 |
| 5,000 | Woodward Governor | 126,372 | 187,800 |
| | Total Common Stock | $ 10,849,530 | $ 12,606,291 |
| **PREFERRED STOCK** | | | |
| 10,000 | Merrill Lynch PFD Capital Trust Series III 7.00% | $ 250,015 | $ 238,800 |
| 13,000 | Bank of America (Floating Rate) Series G | 198,553 | 201,500 |
| 5,000 | Goldman Sachs Group (Floating Rate) | 91,923 | 105,100 |
| 5,000 | Metlife 4% (Floating Rate) | 109,878 | 118,700 |
| 6,000 | PNC Capital Trust E 7.75% PFD | 151,601 | 157,680 |
| | Total Preferred Stock | $ 801,969 | $ 821,780 |
| Total Investments | | $ 21,107,459 | $ 23,311,465 |

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF REPORTABLE TRANSACTIONS**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| 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 5.987% 06/21/2027 | - | 2,067,641 | - | - | 2,093,016 | 2,062,815 | (25,375) |
| WesBanco | Federated Prime Obligations Fund | 8,664,333 | - | - | - | 8,664,333 | 8,664,333 | - |
| WesBanco | Federated Prime Obligations Fund | - | 8,235,352 | - | - | 8,235,352 | 8,235,352 | - |
| Totals | | $ 8,664,333 | $ 10,302,993 | $ - | $ - | $ 18,992,701 | $ 18,962,500 | $ (25,375) |

Attachment #2
55-0357045
Schedule H
Part IV, Question 4I

**SUPPLEMENTAL INFORMATION**

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2010**

| FACE/ SHARES | DESCRIPTION | COST | FAIR VALUE |
|---|---|---|---|
| **CASH AND CASH EQUIVALENTS** | | | |
| 708,402 | Federated Prime Obligations Fund | $ 708,402 | $ 708,402 |
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| | Total U.S. Government Agency Obligations | $ 3,070,222 | $ 3,024,725 |
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**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2010**

| FACE/ SHARES | DESCRIPTION | COST | FAIR VALUE |
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| **CORPORATE OBLIGATIONS (continued)** | | | |
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| 2,000 | Apple Computer Inc | 257,375 | 645,120 |
| 10,000 | Archer Daniels Midland Co | 336,060 | 300,800 |
| 10,000 | AT&T | 333,837 | 293,800 |
| 10,000 | Bank of NY Mellon Corp | 428,227 | 302,000 |

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2010**

| FACE/ SHARES | DESCRIPTION | COST | FAIR VALUE |
|---|---|---|---|
| **COMMON STOCK (continued)** | | | |
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| 3,500 | Chevron Corporation | 268,614 | 319,375 |
| 5,000 | Chicago Bridge & Iron Company | 178,415 | 164,500 |
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| 15,000 | Cisco Systems | 273,562 | 303,450 |
| 5,000 | Coca-Cola Co | 266,176 | 328,850 |
| 2,500 | Cooper Industries | 133,502 | 145,725 |
| 2,000 | Costco Wholesale Corp | 113,734 | 144,420 |
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| 3,000 | DOW Chemical Co | 100,237 | 102,420 |
| 5,000 | Duke Energy Corp | 80,424 | 89,050 |
| 9,000 | Duke Realty Corp | 237,884 | 112,140 |
| 2,000 | Eaton Corp | 140,040 | 203,020 |
| 7,000 | Ebay | 159,065 | 194,810 |
| 3,000 | EI Du Pont De Nemours & Co. | 98,593 | 149,640 |
| 10,000 | Emerson Electric Co | 506,162 | 571,700 |
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| 20,000 | General Electric Co | 593,867 | 365,800 |
| 2,000 | Genuine Parts | 95,550 | 102,680 |
| 500 | Google Inc. | 260,956 | 296,985 |
| 10,000 | Halliburton Co | 294,599 | 408,300 |
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| 3,000 | Honeywell International Inc. | 124,534 | 159,480 |
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| 5,000 | McDonalds Corp | 265,579 | 383,800 |
| 2,000 | Medco Health Solutions | 87,121 | 122,540 |
| 3,000 | Metlife, Inc. | 105,485 | 133,320 |
| 5,000 | Moog Inc- Class A | 165,517 | 199,000 |
| 2,000 | Murphy Oil Corp | 103,410 | 149,100 |
| 4,000 | Nucor Corp | 174,663 | 175,280 |
| 2,000 | Occidental Petroleum | 148,702 | 196,200 |
| 20,000 | Oracle Corp | 411,527 | 626,000 |

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2010**

| FACE/ SHARES | DESCRIPTION | COST | FAIR VALUE |
|---|---|---|---|
| **COMMON STOCK (continued)** | | | |
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| 2,000 | Royal Dutch Shell PLC | 127,150 | 133,560 |
| 3,000 | Sonoco Products Company | 98,333 | 101,010 |
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| 5,000 | Woodward Governor | 126,372 | 187,800 |
| | Total Common Stock | $ 10,849,530 | $ 12,606,291 |
| **PREFERRED STOCK** | | | |
| 10,000 | Merrill Lynch PFD Capital Trust Series III 7.00% | $ 250,015 | $ 238,800 |
| 13,000 | Bank of America (Floating Rate) Series G | 198,553 | 201,500 |
| 5,000 | Goldman Sachs Group (Floating Rate) | 91,923 | 105,100 |
| 5,000 | Metlife 4% (Floating Rate) | 109,878 | 118,700 |
| 6,000 | PNC Capital Trust E 7.75% PFD | 151,601 | 157,680 |
| | Total Preferred Stock | $ 801,969 | $ 821,780 |
| Total Investments | | $ 21,107,459 | $ 23,311,465 |

Attachment # 3
55-0357045
Schedule H
Part IV, Question 4J

**REYNOLDS MEMORIAL RETIREMENT PLAN**
**SCHEDULE OF REPORTABLE TRANSACTIONS**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| 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 5.987% 06/21/2027 | - | 2,067,641 | - | - | 2,093,016 | 2,062,815 | (25,375) |
| WesBanco | Federated Prime Obligations Fund | 8,664,333 | - | - | - | 8,664,333 | 8,664,333 | - |
| WesBanco | Federated Prime Obligations Fund | - | 8,235,352 | - | - | 8,235,352 | 8,235,352 | - |
| Totals | | $ 8,664,333 | $ 10,302,993 | $ - | $ - | $ 18,992,701 | $ 18,962,500 | $ (25,375) |