Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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;
- [ ] 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 01/01/1978

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

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

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.	07/12/2012	JAY PRAGER
	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

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**	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**	362
b	Retired or separated participants receiving benefits	**6b**	26
c	Other retired or separated participants entitled to future benefits	**6c**	135
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	523
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	5
f	Total. Add lines **6d** and **6e**	**6f**	528
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	528
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

ONE 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	70371	Yes [ ] No [X]	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 [X]	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 [ ]

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)

(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

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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

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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)	605202	446542
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	83721	79874
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	712928	1062403
(2) U.S. Government securities	1c(2)	3024725	1865863
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3677601	5202427
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	821780	604130
(B) Common	1c(4)(B)	12606291	10948750
(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)	2468140	2254129
(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	24000388	22464118
	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	24000388	22464118

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)	446542	
	(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)		446542
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)	326457	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		326457
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	356414	
	(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)		356414
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	17074120	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	16887396	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		186724

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-1103512	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1103512
	(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		212625
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1678524	
	(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)		1678524
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)	70371	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		70371
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1748895
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		-1536270
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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, 2011 and 2010

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, 2011 and 2010 and the supplemental schedules as of and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental 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, 2011 and 2010, 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 supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental 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 15, 2012.

REYNOLDS MEMORIAL RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments	**$ 21,937,702**	$ 23,311,465
Receivables		
Employer contribution	**446,542**	605,202
Accrued interest and dividends	**79,874**	83,721
Total receivables	**526,416**	688,923
Total assets	**22,464,118**	24,000,388
LIABILITIES		
Total liabilities	**-**	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 22,464,118**	$ 24,000,388

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, 2011 AND 2010

	2011	2010
ADDITIONS TO NET ASSETS		
Investment income:		
Dividends	$ **356,414**	$ 294,411
Interest	**326,457**	322,265
Net realized and unrealized (depreciation) appreciation of investments	**(916,788)**	2,443,599
	(233,917)	3,060,275
Less: investment expenses	**70,371**	61,396
Net investment (loss) income	**(304,288)**	2,998,879
Contributions:		
Employer	**446,542**	605,202
Total additions	**142,254**	3,604,081
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	**1,678,524**	1,496,567
Total deductions	**1,678,524**	1,496,567
Net (decrease) increase	**(1,536,270)**	2,107,514
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	**24,000,388**	21,892,874
End of year	$ **22,464,118**	$ 24,000,388

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

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

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 2011 and 2010 an amount equal to 3% and 4%, respectively, 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 contributed 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 as of December 31, 2011 and 2010 were $32,543 and $71,037, 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 2011 and 2010, were $41,245 and $17,038, 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 distribution equal to the value of the participant's vested interest in his or her account, or annual installments over a period 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.

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 equities, fixed income securities and money markets. During 2011 and 2010, the Plan's investments (depreciated) appreciated in value by $(916,788) and $2,443,599, respectively, as follows:

	2011		2010	
	Market Value	Change in Value	Market Value	Change in Value
Cash and equivalents	$ 1,062,403	-	$ 712,928	-
U.S. government agency obligations	1,865,863	(36,685)	3,024,725	506
Municipal obligations	501,855	54,926	446,929	(12,450)
Corporate obligations	4,700,572	(60,254)	3,230,673	11,629
Mutual funds	2,254,129	(255,657)	2,468,140	275,448
Common stocks	10,948,750	(540,310)	12,606,291	2,114,977
Preferred stocks	604,130	(78,808)	821,780	53,489
Total	$ 21,937,702	$ (916,788)	$ 23,311,465	$ 2,443,599

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 2011	December 31 2010
FNMA Note 5.8% 02/29/2026	$ *	$ 1,355,927

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. 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, 2011:

	Level 1	Level 2	Level 3	Total
Cash and equivalents	$ 1,062,403	$ -	$ -	$ 1,062,403
U.S. government agency obligations	-	1,865,863	-	1,865,863
Municipal obligations	-	501,855	-	501,855
Corporate obligations	-	4,700,572	-	4,700,572
Mutual funds	2,254,129	-	-	2,254,129
Common stock	10,948,750	-	-	10,948,750
Preferred stock	604,130	-	-	604,130
Totals	$ 14,869,412	$ 7,068,289	$ -	$ 21,937,702

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	-	3,230,673
Mutual funds	2,468,140	-	-	2,468,140
Common stock	12,606,291	-	-	12,606,291
Preferred stock	821,780	-	-	821,780
Totals	$ 16,609,139	$ 6,702,326	$ -	$ 23,311,465

5. Retirement Plan Trust

The Hospital entered into an Agreement with WesBanco Trust and Investment Services (the "Bank") which appointed the Bank as trustee. The trustee performs all of the custodial functions, and certain recordkeeping responsibilities 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 $5,333,590 and $5,009,990 at December 31, 2011 and 2010, 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.

The Plan is subject to routine audits by federal authorities. Income tax returns for the current year, as well as the prior three years ended December 31, 2008, 2009, and 2010 are subject to examination for generally up to three years after they are filed.

9. Information Certified by the Plan's Trustee

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 information is complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2011 and 2010,

- Investment income, as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2011 and 2010,

- The Schedule of Assets Held at End of Year, as shown in the Supplemental Information, as of December 31, 2011

- The Schedule of Reportable Transactions, as shown in the Supplemental Information, for the year ended December 31, 2011

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 information.

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 the Bank, who was the recipient of investment fees paid by the plan.

11. 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.

12. Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the presentation in the current year financial statements. These reclassifications have no impact on the net assets available for benefits.

13. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were issued, June 15, 2012, and determined that no events occurred that required disclosure. No subsequent events occurring after this date have been evaluated for inclusion in financial statements.

SUPPLEMENTAL INFORMATION

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2011

FACE/ SHARES	DESCRIPTION	COST	FAIR VALUE
CASH AND CASH EQUIVALENTS			
1,057,284	Federated US Treasury Cash Reserve	$ 1,057,284	$ 1,057,284
	Other Cash	5,119	5,119
	Total Cash and Cash Equivalents	$ 1,062,403	$ 1,062,403
U.S. GOVERNMENT AGENCY OBLIGATIONS			
250,000	FNMA Multi-Step CPN Bond 1.4% 07/13/2015	$ 251,108	$ 250,060
121,919	FNMA Pool 6% 07/01/2026	121,272	134,459
9,493	FHLMC CMO FHR 5.5% 08/15/2013	9,505	9,538
4,996	FNMA CMO FNBR 5.125% 06/25/2016	4,956	5,002
301,015	FNMA CMO FNR 2.0% 02/25/2024	304,025	303,571
93,388	FNMA CMO FNR 3% 03/25/2025	95,956	96,753
440,960	FNMA CMO FNR 3.5% 06/25/2033	453,914	462,623
603,858	FNMA CMO FNR .8% 09/25/2037	603,858	603,858
	Total U.S. Government Agency Obligations	$ 1,844,593	$ 1,865,863
MUNICIPAL OBLIGATIONS			
250,000	Wisconsin St Transn Rev Build America Bonds 5.3%	250,000	275,028
210,000	Lebanon PA Auth SWR Rev Build America Bonds 5.97%	209,378	226,827
	Total U.S. Government Agency Obligations	$ 459,378	$ 501,855
CORPORATE OBLIGATIONS			
250,000	AT&T 6.7% 11/15/2013	$ 273,560	$ 275,603
500,000	Bank of America MTN Fix to Float 4% 03/23/2017	500,000	487,185

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2011

FACE/ SHARES	DESCRIPTION	COST	FAIR VALUE
CORPORATE OBLIGATIONS (Continued)			
150,000	BB&T Corp 3.85% 07/27/2012	156,357	152,448
250,000	Burlington Northern Santa Fe 4.875% 01/15/2015	273,025	272,435
250,000	Citigroup 5.375% 08/09/2020	252,983	257,068
500,000	Dell Inc. 2.1% 04/01/2014	511,020	510,345
150,000	GE Capital 3.5% 08/13/2012	155,519	152,478
250,000	GE Capital 5.55% 05/04/2020	264,188	275,485
200,000	GE Capital Corp. Series 5% 01/08/2016	173,406	218,826
500,000	Goldman Sachs Group 5.7% 09/01/2012	532,990	508,805
250,000	Goldman Sachs Group 6% 06/15/2020	264,345	256,090
500,000	JP Morgan Chase & Company 6.125% 06/27/2017	538,535	549,555
200,000	Intl Business Machines 7.625% 10/15/2018	208,854	268,392
250,000	Morgan Stanley Fix to Float Mtn 4.5% 08/30/2015	250,000	233,265
250,000	Teva Pharmaceuticals Finance Co 5.55% 02/01/2016	287,875	282,593
	Total Corporate Obligations	$ 4,642,656	$ 4,700,572
MUTUAL FUNDS			
43	Vanguard Short Term Inv Grade Bond Fund	457	454
48,848	Vanguard Short Term Inv Grade Bond Fund-ADM	520,099	519,743
39,986	Adams Express Company Closed End Fund	412,620	385,465
5,000	Ishares MSCI Germany Index Fund	120,575	96,100
8,000	Powershares QQQ Fund	376,800	446,640
11,137	Artisan Int'l Fund	253,099	220,856
12,288	Artisan Mid Cap Value Fund	268,283	242,071
12,734	Tocqueville the Delafield Fund	379,620	342,801
	Total Mutual Funds	$ 2,331,552	$ 2,254,129

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2011

FACE/ SHARES COMMON STOCK	DESCRIPTION	COST	FAIR VALUE
1,000	Abbott Laboratories	$ 54,503	$ 56,230
3,000	American Electric Power Co	94,009	123,930
3,000	Apache Corp	316,057	271,740
2,000	Apple Computer Inc	257,375	810,000
10,000	Archer Daniels Midland Co	336,060	286,000
2,000	Boeing Co	126,730	146,700
3,500	Chevron Corporation	268,614	372,400
5,000	Chicago Bridge & Iron Company	178,415	189,000
15,000	Cisco Systems	273,562	271,200
5,000	Coca-Cola Co	266,176	349,850
2,500	Cooper Industries	133,502	135,375
6,000	CSX Corp	147,030	126,360
5,000	CVS Caremark	188,255	203,900
2,000	Darden Restaurants	106,185	91,160
5,000	Deere & Co	385,766	386,750
9,000	DOW Chemical Co	327,525	258,840
5,000	Duke Energy Corp	80,424	110,000
5,000	Duke Realty Corp	132,158	60,250
4,000	Eaton Corp	140,040	174,120
3,000	EI Du Pont De Nemours & Co.	98,593	137,340
7,000	EMC Corp	171,491	150,780
10,000	Emerson Electric Co	506,162	465,900
7,000	Ford Motor Company	98,509	75,320
25,000	General Electric Co	676,192	447,750
10,000	Halliburton Co	294,599	345,100
2,000	HJ Heinz Co	74,286	108,080
3,000	Honeywell International Inc.	124,534	163,050
3,000	International Business Machines	312,675	551,640
4,000	Invesco LTD	101,220	80,360
2,000	Johnson & Johnson	124,707	131,160
7,000	JP Morgan Chase	178,445	232,750
3,000	Macy's Inc	94,005	96,540
5,000	Moog Inc- Class A	165,517	219,650
2,000	Murphy Oil Corp	103,410	111,480
4,000	Newfield Exploration Company	176,695	150,920
2,000	Occidental Petroleum	148,702	187,400

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2011

FACE/ SHARES	DESCRIPTION	COST	FAIR VALUE
COMMON STOCK (Continued)			
20,000	Oracle Corp	411,527	513,000
3,000	Paccar Inc	149,617	112,410
6,200	Pepsico Inc	259,791	411,370
5,000	Plum Creek Timber Company	208,214	182,800
2,000	Qualcomm Inc	107,280	109,400
2,000	Rio Tinto PLC -ADR	137,255	97,840
3,000	Royal Dutch Shell PLC	196,389	219,270
2,000	Sandisk Corp	104,490	98,420
1,500	Schlumberger LTD	127,261	102,464
3,000	Sonoco Products Company	98,333	98,880
2,000	Stryker Corp	120,810	99,420
10,000	Texas Instruments Inc	237,513	291,100
3,000	Toronto-Dominion Bank	96,631	224,430
2,000	Vanguard Reit ETF	117,190	116,000
7,000	Wells Fargo & Co	197,850	192,920
	Total Common Stock	$ 9,832,276	$ 10,948,750
PREFERRED STOCK			
4,000	Bank of America (Floating Rate) Series G	$ 61,093	$ 54,800
5,000	Goldman Sachs Group (Floating Rate)	91,923	83,350
10,000	Merrill Lynch PFD Capital Trust Series III 7.00%	250,015	199,200
5,000	Metlife 4% (Floating Rate)	109,878	110,000
6,000	PNC Capital Trust E 7.75% PFD	151,601	156,780
	Total Preferred Stock	$ 664,509	$ 604,130
	Total Investments	$ 20,837,367	$ 21,937,702

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011

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% 02/09/2026	-	1,350,000	-	-	1,407,812	1,350,000	(57,812)
WesBanco	Federated Prime Obligations Fund	-	5,187,425	-	-	5,187,425	5,187,425	-
WesBanco	Federated US Treasury Cash Reserve	-	2,603,514	-	-	2,603,514	2,603,514	-
WesBanco	Federated Prime Obligations Fund	4,478,841	-	-	-	4,478,841	4,478,841	-
WesBanco	Federated US Treasury Cash Reserve	3,660,798	-	-	-	3,660,798	3,660,798	-

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2011

FACE/ SHARES	DESCRIPTION	COST	FAIR VALUE
CASH AND CASH EQUIVALENTS			
1,057,284	Federated US Treasury Cash Reserve	$ 1,057,284	$ 1,057,284
	Other Cash	5,119	5,119
	Total Cash and Cash Equivalents	$ 1,062,403	$ 1,062,403
U.S. GOVERNMENT AGENCY OBLIGATIONS			
250,000	FNMA Multi-Step CPN Bond 1.4% 07/13/2015	$ 251,108	$ 250,060
121,919	FNMA Pool 6% 07/01/2026	121,272	134,459
9,493	FHLMC CMO FHR 5.5% 08/15/2013	9,505	9,538
4,996	FNMA CMO FNBR 5.125% 06/25/2016	4,956	5,002
301,015	FNMA CMO FNR 2.0% 02/25/2024	304,025	303,571
93,388	FNMA CMO FNR 3% 03/25/2025	95,956	96,753
440,960	FNMA CMO FNR 3.5% 06/25/2033	453,914	462,623
603,858	FNMA CMO FNR .8% 09/25/2037	603,858	603,858
	Total U.S. Government Agency Obligations	$ 1,844,593	$ 1,865,863
MUNICIPAL OBLIGATIONS			
250,000	Wisconsin St Transn Rev Build America Bonds 5.3%	250,000	275,028
210,000	Lebanon PA Auth SWR Rev Build America Bonds 5.97%	209,378	226,827
	Total U.S. Government Agency Obligations	$ 459,378	$ 501,855
CORPORATE OBLIGATIONS			
250,000	AT&T 6.7% 11/15/2013	$ 273,560	$ 275,603
500,000	Bank of America MTN Fix to Float 4% 03/23/2017	500,000	487,185

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2011

FACE/ SHARES	DESCRIPTION	COST	FAIR VALUE
CORPORATE OBLIGATIONS (Continued)			
150,000	BB&T Corp 3.85% 07/27/2012	156,357	152,448
250,000	Burlington Northern Santa Fe 4.875% 01/15/2015	273,025	272,435
250,000	Citigroup 5.375% 08/09/2020	252,983	257,068
500,000	Dell Inc. 2.1% 04/01/2014	511,020	510,345
150,000	GE Capital 3.5% 08/13/2012	155,519	152,478
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	Total Mutual Funds	$ 2,331,552	$ 2,254,129

Schedule H, Part IV
Question 4 i
EIN: 55-0357045

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2011

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	Total Investments	$ 20,837,367	$ 21,937,702

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REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2011

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WesBanco	Federated Prime Obligations Fund	-	5,187,425	-	-	5,187,425	5,187,425	-
WesBanco	Federated US Treasury Cash Reserve	-	2,603,514	-	-	2,603,514	2,603,514	-
WesBanco	Federated Prime Obligations Fund	4,478,841	-	-	-	4,478,841	4,478,841	-
WesBanco	Federated US Treasury Cash Reserve	3,660,798	-	-	-	3,660,798	3,660,798	-