

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 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>REYNOLDS MEMORIAL RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>01/01/1978</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>JAY E. PRAGER</u> <u>REYNOLDS MEMORIAL HOSPITAL, INC</u> <u>800 WHEELING AVENUE</u> <u>GLEN DALE, WV 26038</u>	2b Employer Identification Number (EIN) <u>55-0357045</u> 2c Sponsor's telephone number 2d Business code (see instructions) <u>622000</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/24/2013</u>	<u>WILLIAM HUNT</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/25/2013</u>	<u>JAY PRAGER</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address ROBERT HUNT REYNOLDS MEMORIAL HOSPITAL, INC. 800 WHEELING AVENUE GLEN DALE, WV 26038		3b Administrator's EIN 55-0357045
		3c Administrator's telephone number 304-843-3236
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		5 528
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	350
b Retired or separated participants receiving benefits.....	6b	27
c Other retired or separated participants entitled to future benefits.....	6c	139
d Subtotal. Add lines 6a , 6b , and 6c	6d	516
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	521
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	521
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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 26038

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	69974	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 ☐

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.	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>REYNOLDS MEMORIAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JAY E. PRAGER</u>	D Employer Identification Number (EIN) <u>55-0357045</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	446542	447940
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	79874	61153
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1062403	490056
	(2) U.S. Government securities	1c(2)	1865863	3194964
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	5202427	5065026
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	604130	479050
	(B) Common	1c(4)(B)	10948750	9747249
	(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)	2254129	2637660
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22464118	22123098

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22464118	22123098
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	447940	
(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)		447940
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)	266097	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		266097
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	398293	
(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)		398293
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	15102584	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14516615	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		585969
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	952981	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		952981

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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		2651280

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2922326	
(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)		2922326
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)	69974	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		69974
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2992300

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-341020
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BODKIN WILSON & KOZICKI, PLLC

(2) EIN: 55-0526247

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>50</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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 lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Reynolds Memorial Retirement Plan

Financial Statements
Together with Auditor's Report
As of December 31, 2012 and 2011

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:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Reynolds Memorial Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011 and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as whole. The supplemental schedules of Schedule of Assets Held at End of Year and Schedule of Reportable Transactions, which are the responsibility of plan management, 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental 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, & Koyichi PLLC

Wheeling, West Virginia,
July 3, 2013.

REYNOLDS MEMORIAL RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Investments	<u>\$ 21,614,005</u>	<u>\$ 21,937,702</u>
Receivables		
Employer contribution	447,940	446,542
Accrued interest and dividends	<u>61,153</u>	<u>79,874</u>
Total receivables	<u>509,093</u>	<u>526,416</u>
 Total assets	 22,123,098	 22,464,118
LIABILITIES		
 Total liabilities	 <u>-</u>	 <u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 22,123,098</u></u>	 <u><u>\$ 22,464,118</u></u>

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

REYNOLDS MEMORIAL RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS TO NET ASSETS		
Investment income:		
Dividends	\$ 398,293	\$ 356,414
Interest	266,097	326,457
Net realized and unrealized appreciation (depreciation) of investments	<u>1,538,950</u>	<u>(916,788)</u>
	<u>2,203,340</u>	<u>(233,917)</u>
Less: investment expenses	<u>69,974</u>	<u>70,371</u>
Net investment income (loss)	<u>2,133,366</u>	<u>(304,288)</u>
Contributions:		
Employer	447,940	446,542
Total additions	<u>2,581,306</u>	<u>142,254</u>
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	<u>2,922,326</u>	<u>1,678,524</u>
Total deductions	<u>2,922,326</u>	<u>1,678,524</u>
Net (decrease) increase	<u>(341,020)</u>	<u>(1,536,270)</u>
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>22,464,118</u>	<u>24,000,388</u>
End of year	<u><u>\$ 22,123,098</u></u>	<u><u>\$ 22,464,118</u></u>

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

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

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 2012 and 2011 an amount equal to 3% 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 remitted 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, 2012 and 2011 were \$33,115 and \$32,543, 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 2012 and 2011, were \$2,849 and \$41,245, 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.

Payment of Benefits – Upon 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.

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

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 2012 and 2011, the Plan's investments appreciated (depreciated) in value by \$1,538,950 and \$(916,788), respectively, as follows:

		2012		2011	
	Level Note 4	Fair Value	Change in Value	Fair Value	Change in Value
Cash and equivalents	1	\$ 490,056	-	\$ 1,062,403	-
U.S government agency obligations	2	3,194,964	(4,336)	1,865,863	(36,685)
Municipal obligations	2	522,447	20,592	501,855	54,926
Corporate obligations	2	4,542,579	128,178	4,700,572	(60,254)
Mutual funds	1	2,637,660	196,128	2,254,129	(255,657)
Equities	1	9,747,249	1,094,481	10,948,750	(540,310)
Preferred stocks	1	479,050	103,907	604,130	(78,808)
Total		<u>\$ 21,614,005</u>	<u>\$ 1,538,950</u>	<u>\$ 21,937,702</u>	<u>\$ (916,788)</u>

Investment Concentration – There are no investments which individually represent 5% or more of the Plan's net assets for the years ended December 31, 2012 and 2011.

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.

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

4. Fair Value (Continued)

- 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.

See Note 3 for the identification of the level of each class of investments.

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 \$4,309,186 and \$5,333,590 at December 31, 2012 and 2011, 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; however, there are currently no audits for any tax periods in progress. Income tax returns for the current year, as well as the prior three years ended December 31, 2009, 2010, and 2011 are subject to examination for generally up to three years after they are filed.

REYNOLDS MEMORIAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011

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, 2012 and 2011.
- Investment income, as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2012 and 2011.
- The Schedule of Assets Held at End of Year, as shown in the Supplemental Information, as of December 31, 2012.
- The Schedule of Reportable Transactions, as shown in the Supplemental Information, for the year ended December 31, 2012.

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. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were issued, July 3, 2013, 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, 2012

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>CASH AND CASH EQUIVALENTS</u>			
	Federated US Treasury Cash Reserve	\$ 490,056	\$ 490,056
	Total Cash and Cash Equivalents	\$ 490,056	\$ 490,056
<u>U.S. GOVERNMENT AGENCY OBLIGATIONS</u>			
85,668	FNMA Pool 6% 07/01/2026	85,213	93,790
154,791	FNMA CMO FNR 2.0% 02/25/2024	156,339	155,882
74,003	FNMA CMO FNR 3% 03/25/2025	76,038	76,188
349,607	FNMA CMO FNR 3.5% 06/25/2033	359,877	374,477
485,821	FNMA CMO FNR .8% 09/25/2037	485,821	491,194
988,023	FNMA CMO FNR 2.0% 06/25/2039	1,009,019	1,002,669
985,546	FHLMC CMO FHR 2.0% 10/15/2041	999,867	1,000,764
	Total U.S. Government Agency Obligations	\$ 3,172,174	\$ 3,194,964
<u>MUNICIPAL OBLIGATIONS</u>			
250,000	Wisconsin St Transn Rev Build America Bonds 5.3%	250,000	289,528
210,000	Lebanon PA Auth SWR Rev Build America Bonds 5.97%	209,378	232,919
	Total Municipal Obligations	\$ 459,378	\$ 522,447
<u>CORPORATE OBLIGATIONS</u>			
250,000	American Express 6.15% 08/8/2017	303,208	301,243
500,000	Bank of America MTN Fix to Float 2.21% 03/23/2017	500,000	481,580
250,000	BB&T Corp 2.05% 04/28/2014	255,963	254,725
250,000	Burlington Northern Santa Fe 4.875% 01/15/2015	273,025	270,078

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2012

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>CORPORATE OBLIGATIONS (Continued)</u>			
250,000	Citigroup 5.375% 08/09/2020	252,983	294,613
500,000	Dell Inc. 2.1% 04/01/2014	511,020	509,150
250,000	GE Capital 5.55% 05/04/2020	264,188	297,195
200,000	GE Capital Corp. Series 5% 01/08/2016	173,406	222,204
250,000	Goldman Sachs Group 6% 06/15/2020	264,345	297,053
500,000	JP Morgan Chase & Company 6.125% 06/27/2017	538,535	584,140
500,000	JP Morgan Chase Step CPN 3% 08/30/2027	495,625	497,115
250,000	Morgan Stanley Fix to Float Mtn 4.5% 08/30/2015	250,000	250,530
250,000	Teva Pharmaceuticals Finance Co 5.55% 02/01/2016	287,875	282,955
Total Corporate Obligations		<u>\$ 4,370,172</u>	<u>\$ 4,542,579</u>
<u>MUTUAL FUNDS</u>			
50,284	Vanguard Short Term Inv Grade Bond Fund	535,589	544,582
39,986	Adams Express Company Closed End Fund	412,620	423,452
5,000	Powershares QQQ Fund	235,500	325,650
10,000	Spdr Heath Care Select Sector Fund	370,150	398,810
12,970	Artisan Int'l Fund	282,489	269,643
22,119	Tocqueville the Delafield Fund	667,293	675,524
Total Mutual Funds		<u>\$ 2,503,641</u>	<u>\$ 2,637,660</u>
<u>EQUITIES</u>			
1,000	Abbott Laboratories	\$ 54,503	\$ 65,500
3,000	American Electric Power Co	94,009	128,040
3,000	Apache Corp	316,057	235,500
700	Apple Computer Inc	90,081	372,521
3,000	AT&T	90,585	101,130
3,000	Boeing Co	201,901	226,080
500	CBS Corp	17,064	19,025
2,500	Chevron Corporation	191,867	270,350

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2012

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>EQUITIES (Continued)</u>			
5,000	Chicago Bridge & Iron Company	178,415	231,750
7,500	Cisco Systems	136,781	147,368
10,000	Coca-Cola Co	266,176	362,500
5,000	CVS Caremark	188,255	241,750
2,000	Darden Restaurants	106,185	90,140
1,666	Duke Energy Corp	80,391	106,291
5,000	Duke Realty Corp	132,158	69,350
2,000	Eaton Corp	103,890	108,360
3,000	EI Du Pont De Nemours & Co.	98,593	134,937
10,000	EMC Corp	250,256	253,000
20,000	Ford Motor Company	244,908	259,000
25,000	General Electric Co	676,192	524,750
2,000	HJ Heinz Co	74,286	115,360
3,000	Honeywell International Inc.	124,534	190,410
3,000	International Business Machines	312,675	574,650
10,000	Invesco LTD	248,997	260,900
2,000	Johnson & Johnson	124,707	140,200
7,000	JP Morgan Chase	178,445	307,783
1,000	Kraft Foods Group	40,397	45,470
8,000	Macy's Inc	263,708	312,160
3,000	Merck & Co	112,754	122,820
3,000	Mondelez International	74,728	76,359
5,000	Moog Inc- Class A	165,517	205,150
2,000	Occidental Petroleum	148,702	153,220
20,000	Oracle Corp	411,527	666,400
6,200	Pepsico Inc	259,791	424,266
2,000	Pioneer Natural Resources	210,116	213,180
4,000	Plains Exploration & Production	151,724	187,760
5,000	Plum Creek Timber Company	208,214	221,850
5,000	Qualcomm Inc	291,905	309,300
3,000	Royal Dutch Shell PLC	196,389	206,850
2,000	Sandisk Corp	104,490	87,000
3,000	Sonoco Products Company	98,333	89,190
2,000	Vanguard Information Technology Index	144,090	138,220
4,000	Vanguard Reit ETF	239,537	263,200
5,000	Walt Disney Company	211,775	248,950
7,000	Wells Fargo & Co	197,850	239,256
Total Equities		<u>\$ 8,113,455</u>	<u>\$ 9,747,249</u>

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2012

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>PREFERRED STOCK</u>			
5,000	Goldman Sachs Group (Floating Rate)	91,923	103,450
10,000	Merrill Lynch PFD Capital Trust Series III 7.00%	250,015	249,900
5,000	Metlife 4% (Floating Rate)	109,878	125,700
		<hr/>	<hr/>
	Total Preferred Stock	\$ 451,815	\$ 479,050
		<hr/>	<hr/>
	Total Investments	\$ 19,560,692	\$ 21,614,005
		<hr/>	<hr/>

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2012

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Sales Price</u>	<u>Lease Rental</u>	<u>Expense incurred with transaction</u>	<u>Cost of asset</u>	<u>Current Value of asset on date of transaction</u>	<u>Net gain or (loss)</u>
WesBanco	Federated US Treasury Cash Reserve	-	7,230,426	-	-	7,230,426	7,230,426	-
WesBanco	Federated US Treasury Cash Reserve	6,676,929	-	-	-	6,676,929	6,676,929	-

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2012

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

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
<u>CASH AND CASH EQUIVALENTS</u>			
	Federated US Treasury Cash Reserve	\$ 490,056	\$ 490,056
	Total Cash and Cash Equivalents	\$ 490,056	\$ 490,056
<u>U.S. GOVERNMENT AGENCY OBLIGATIONS</u>			
85,668	FNMA Pool 6% 07/01/2026	85,213	93,790
154,791	FNMA CMO FNR 2.0% 02/25/2024	156,339	155,882
74,003	FNMA CMO FNR 3% 03/25/2025	76,038	76,188
349,607	FNMA CMO FNR 3.5% 06/25/2033	359,877	374,477
485,821	FNMA CMO FNR .8% 09/25/2037	485,821	491,194
988,023	FNMA CMO FNR 2.0% 06/25/2039	1,009,019	1,002,669
985,546	FHLMC CMO FHR 2.0% 10/15/2041	999,867	1,000,764
	Total U.S. Government Agency Obligations	\$ 3,172,174	\$ 3,194,964
<u>MUNICIPAL OBLIGATIONS</u>			
250,000	Wisconsin St Transn Rev Build America Bonds 5.3%	250,000	289,528
210,000	Lebanon PA Auth SWR Rev Build America Bonds 5.97%	209,378	232,919
	Total Municipal Obligations	\$ 459,378	\$ 522,447
<u>CORPORATE OBLIGATIONS</u>			
250,000	American Express 6.15% 08/8/2017	303,208	301,243
500,000	Bank of America MTN Fix to Float 2.21% 03/23/2017	500,000	481,580
250,000	BB&T Corp 2.05% 04/28/2014	255,963	254,725
250,000	Burlington Northern Santa Fe 4.875% 01/15/2015	273,025	270,078

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2012

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

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
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SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2012

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

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>FAIR VALUE</u>
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Total Preferred Stock		\$ 451,815	\$ 479,050
Total Investments		\$ 19,560,692	\$ 21,614,005

REYNOLDS MEMORIAL RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2012

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

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	Federated US Treasury Cash Reserve	-	7,230,426	-	-	7,230,426	7,230,426	-
WesBanco	Federated US Treasury Cash Reserve	6,676,929	-	-	-	6,676,929	6,676,929	-