

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1978</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1978</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>REYNOLDS MEMORIAL HOSPITAL INC.</u> <u>DR. DAVID HESS</u> <u>800 WHEELING AVENUE</u> <u>GLEN DALE, WV 26038-1660</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>55-0357045</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>304-845-3236</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>525100</u></td> <td></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>55-0357045</u>		2c Plan Sponsor's telephone number <u>304-845-3236</u>		2d Business code (see instructions) <u>525100</u>			
2b Employer Identification Number (EIN) <u>55-0357045</u>									
2c Plan Sponsor's telephone number <u>304-845-3236</u>									
2d Business code (see instructions) <u>525100</u>									

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	06/24/2015 Date	ALEX INCLAN Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	06/24/2015 Date	DR. DAVID HESS 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) <u>NANCY J. GWYNN, CPA</u> <u>WILSON KOZICKI & GWYNN PLLC</u> <u>32 TWENTIETH STREET, SUITE 300</u> <u>WHEELING, WV 26003</u>			Preparer's telephone number (optional) <u>304-232-2280</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	534
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	336
a(2) Total number of active participants at the end of the plan year		6a(2)	343
b Retired or separated participants receiving benefits		6b	39
c Other retired or separated participants entitled to future benefits.....		6c	201
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	583
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	6
f Total. Add lines 6d and 6e		6f	589
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	589
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	27
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)		9b Plan benefit arrangement (check all that apply)	
(1)	☐	(1)	☐
Insurance		Insurance	
(2)	☐	(2)	☐
Code section 412(e)(3) insurance contracts		Code section 412(e)(3) insurance contracts	
(3)	☒	(3)	☒
Trust		Trust	
(4)	☐	(4)	☐
General assets of the sponsor		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		b General Schedules	
(1)	☐	(1)	☒
R (Retirement Plan Information)		H (Financial Information)	
(2)	☐	(2)	☐
MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		I (Financial Information – Small Plan)	
(3)	☐	(3)	☐
SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		A (Insurance Information)	
		(4)	☒
		C (Service Provider Information)	
		(5)	☐
		D (DFE/Participating Plan Information)	
		(6)	☐
		G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
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 REYNOLDS MEMORIAL HOSPITAL INC.	D Employer Identification Number (EIN) 55-0357045	

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 TRUST OPERATIONS DEPARTMEN

1 BANK PLAZA
WHEELING, WV 26003

55-0143590

(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	74247	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 ☐

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

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> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</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>REYNOLDS MEMORIAL HOSPITAL INC.</u>		D Employer Identification Number (EIN) <u>55-0357045</u>

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)	457284	427080
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	60492	66011
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	201838	307983
(2) U.S. Government securities	1c(2)	2334865	2521312
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4636135	4898677
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	446800	0
(B) Common.....	1c(4)(B)	14466114	14381144
(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)	1530297	1504257
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		519056

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	24133825	24625520

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	24133825	24625520
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	427080	
(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)		427080

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10109	
(B) U.S. Government securities	2b(1)(B)	57241	
(C) Corporate debt instruments	2b(1)(C)	160128	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	31305	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		258783
(2) Dividends: (A) Preferred stock	2b(2)(A)	7982	
(B) Common stock	2b(2)(B)	319616	
(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)		327598
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13481169	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12218682	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1262487
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-300384	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-300384

		(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)		329695
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2305259

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1739317	
(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)		1739317
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)		
(3) Investment advisory and management fees.....	2i(3)	74247	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		74247
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1813564

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		491695
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: WILSON KOZICKI & GWYNN, 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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		4000000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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	
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

Reynolds Memorial Retirement Plan

Audited Financial Statements
and Supplementary Information
Years ended December 31, 2014 and 2013

WILSON KOZICKI & GWYNN PLLC
CERTIFIED PUBLIC ACCOUNTANTS

**Reynolds Memorial Retirement Plan
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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, 2014 and 2013 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

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 audits 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. 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, 2014 and 2013, 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

The supplemental schedules of Assets Held at End of Year and Reportable Transactions as of December 31, 2014 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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.

Wilson Kozicki & Gwynne LLC

Wheeling, West Virginia,
June 24, 2015.

Reynolds Memorial Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments	<u>\$ 24,132,429</u>	<u>\$ 23,616,049</u>
Receivables		
Employer contribution	427,080	457,284
Accrued interest and dividend	<u>66,011</u>	<u>60,492</u>
Total receivables	<u>493,091</u>	<u>517,776</u>
 Total assets	 24,625,520	 24,133,825
Liabilities		
 Total liabilities	 <u>-</u>	 <u>-</u>
Net Assets Available for Benefits	<u><u>\$ 24,625,520</u></u>	<u><u>\$ 24,133,825</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, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to Net Assets		
Investment income:		
Dividend	\$ 327,598	\$ 305,337
Interest	258,783	266,874
Net realized and unrealized appreciation of investments	<u>1,291,798</u>	<u>3,183,107</u>
	1,878,179	3,755,318
Less: investment expenses	<u>74,247</u>	<u>71,614</u>
Net investment income	1,803,932	3,683,704
Contributions:		
Employer	427,080	457,284
Total additions	<u>2,231,012</u>	<u>4,140,988</u>
Deductions from Net Assets		
Benefits paid to participants	<u>1,739,317</u>	<u>2,130,260</u>
Total deductions	<u>1,739,317</u>	<u>2,130,260</u>
Net increase	491,695	2,010,728
Net Assets Available for Benefits		
Beginning of year	<u>24,133,825</u>	<u>22,123,098</u>
End of year	<u><u>\$ 24,625,520</u></u>	<u><u>\$ 24,133,825</u></u>

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

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

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 2014 and 2013 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 (or losses, when applicable) 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, 2014 and 2013 were \$49,324 and \$25,810, 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 2014 and 2013, were \$13,751 and \$13,192 respectively.

Participant Loans

Participant loans are not permitted by the Plan.

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

1. Description of Plan (Continued)

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.

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 2014 and 2013, the Plan's investments appreciated (depreciated) in value by \$1,291,798 and \$3,183,107, respectively, as follows:

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

3. Investments (Continued)

		2014		2013	
	Level Note 4	Fair Value	Change in Value	Fair Value	Change in Value
Cash and equivalents	1	\$ 307,983	\$ -	\$ 201,841	\$ -
U.S govmnt agency obligations	2	2,521,312	21,439	2,334,865	(109,625)
Municipal obligations	2	519,056	34,139	484,917	(37,530)
Corporate obligations	2	4,898,677	58,712	4,151,216	(137,959)
Mutual funds	1	1,504,257	329,997	866,297	681,106
Equities	1	14,381,144	822,551	15,130,113	2,819,365
Preferred stocks	1	-	24,960	446,800	(32,250)
Total		<u>\$ 24,132,429</u>	<u>\$ 1,291,798</u>	<u>\$ 23,616,049</u>	<u>\$ 3,183,107</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, 2014 and 2013.

4. Fair Value

The framework for measuring fair value provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none"> • Quoted prices for similar assets in active markets • Quoted prices for identical or similar assets in inactive markets • Inputs other than quoted prices that are observable for the asset • Inputs that are derived principally from or corroborated by observable market data by correlation or other means If the asset has a specified (contractual) term, the level 2 must be observable for substantially the full term of the asset.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
<i>See Note 3 for identification of the level of each class of investments.</i>	

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

4. Fair Value (Continued)

METHODOLOGIES

There have been no changes in the methodologies of the Plan's investments between December 31, 2014 and December 31, 2013. The following is a description of the valuation methodologies used by this Plan:

Equities and preferred stocks: Valued at the closing price reported by the market.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are actively traded.

Government agency, corporate and municipal obligations: Valued at closing price, if actively traded, or with pricing models with similar interest rates, maturity dates, and credit ratings.

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 \$7,932,968 and \$6,498,530 at December 31, 2014 and 2013, respectively. These amounts are included in the Net Assets Available for 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.

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

8. Tax Status (Continued)

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by federal authorities; however, there are currently no audits for any tax periods in progress. The Fund annually files Form 5500, *Annual Return/Report of Employee Benefit Plan*. The current year return, as well as the prior three years, (2011 – 2013) 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 Benefits as of December 31, 2014 and 2013.
- Investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2014 and 2013.
- The Schedule of Assets Held at End of Year, as shown in the Supplemental Information, as of December 31, 2014.
- The Schedule of Reportable Transactions, as shown in the Supplemental Information, for the year ended December 31, 2014.

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.

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

12. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were issued, June 24, 2015, 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
As of December 31, 2014

Face/ Shares	Description	Cost	Fair Value
Cash and Cash Equivalents			
	Federated US Treasury Cash Reserve and other cash	\$ 307,983	\$ 307,983
	Total Cash and Cash Equivalents	\$ 307,983	\$ 307,983
U.S. Government Agency Obligations			
100,000	FHLB Multi-Step Cpn Bond 1.05% 7/10/2028	\$ 100,000	\$ 100,041
186,901	FNMA Pool 2.5% 08/01/2027	189,588	190,805
197,293	FHLMC FG 3% 10/10/2029	204,630	205,025
36,091	FNMA CMO FNR 2.0% 02/25/2024	36,452	36,262
45,098	FNMA CMO FNR 3% 03/25/2025	46,338	46,334
226,077	FNMA CMO FNR 3.5% 06/25/2033	232,719	235,414
805,164	FNMA CMO FNR 2.0% 06/25/2039	822,274	797,146
120,453	FNMA CMO FNR 3.5% 8/25/2014	125,271	125,654
812,397	FHLMC CMO FHR 2.0% 10/15/2041	824,202	784,631
	Total U.S. Government Agency Obligations	\$ 2,581,474	\$ 2,521,312
Municipal Obligations			
250,000	Wisconsin St Transn Rev Build America Bonds 5.3%	\$ 250,000	\$ 283,165
210,000	Lebanon PA Auth SWR Rev Build America Bonds 5.97%	209,378	235,891
	Total Municipal Obligations	\$ 459,378	\$ 519,056

Reynolds Memorial Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2014

Face/ Shares	Description	Cost	Fair Value
Corporate Obligations			
2,500,000	American Express 6.15% 08/8/2017	\$ 303,208	\$ 278,550
200,000	Autodesk Inc 3.6% 12/15/2022-2022	199,998	197,766
500,000	Bank of America MTN Fix to Float 2.21% 03/23/2017	500,000	509,500
250,000	Citigroup 5.375% 08/09/2020	252,983	284,140
200,000	DIAEGO PLC CORP 2.625% 4/29/2023	184,758	194,454
500,000	Duke Energy Corp 3.95% 10/15/2023	524,905	530,090
250,000	GE Capital 5.55% 05/04/2020	264,188	287,320
200,000	GE Capital Corp. Series 5% 01/08/2016	173,406	208,376
250,000	Goldman Sachs Group 6% 06/15/2020	264,345	289,008
500,000	JP Morgan Chase Step CPN 3% 08/30/2027	495,625	474,345
250,000	JP Morgan Chase & Co 2.25% 8/30/2022	242,500	243,005
250,000	Morgan Stanley Fix to Float Mtn 3% 08/30/2015	250,000	253,158
100,000	Occidental Petroleum 3.125% 2/15/2022-2021	100,000	98,842
150,000	PNC Funding 3.3% 3/8/2022	147,375	154,263
400,000	PNC Bank NA 2.95% 1/30/2023	394,992	390,876
500,000	US Bancorp 3% 03/15/2022	496,470	504,985
Total Corporate Obligations		\$ 4,794,751	\$ 4,898,677

Reynolds Memorial Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2014

Face/ Shares	Description	Cost	Fair Value
Mutual Funds			
43,123	Vanguard Short Term Inv Grade Bond Fund	\$ 459,496	\$ 459,695
6,685	Artisan Int'l Fund	201,516	200,296
2,181	Artisan Mid Cap Fund	109,619	99,127
15,087	Artisan Mid Cap Value Fund	335,829	371,735
5,811	Federated Int'l leaders Fund	201,991	186,142
8,023	Oakmark Intl Fund	211,828	187,262
Total Mutual Funds		<u>\$ 1,520,278</u>	<u>\$ 1,504,257</u>
Equities			
1,890	Ace Ltd	\$ 176,437	\$ 217,123
1,890	Amgen Inc.	211,081	301,058
3,130	Apple Computer Inc	98,470	345,489
2,140	Boeing Co	144,023	278,157
5,980	Borgwarner, Inc.	267,104	328,601
8,190	Broadcom Corp	264,112	354,873
3,520	Cardinal Health Inc	266,204	284,170
1,048	CF Industries Holdings	201,016	285,622
2,380	Chevron Corporation	209,430	266,988
3,470	Conoco-Phillips	294,265	239,638
7,390	Continental Resources	307,340	283,480
1,970	Costco Wholesale Corp	221,017	279,248
2,900	CVS Health Corp	109,188	279,299
4,060	Eaton Corp	237,294	275,918
1,840	EI Du Pont De Nemours & Co.	74,187	136,050
3,515	EQT Corp	296,632	266,086
1,895	Fedex Corp	277,636	329,086
4,690	General Mills	232,807	250,118
375	Google Inc	164,994	198,998
375	Google Inc Class C Shares	164,467	197,400
2,870	Home Depot Inc.	220,242	301,264

Reynolds Memorial Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2014

Face/ Shares	Description	Cost	Fair Value
Equities (continued)			
3,000	Honeywell International Inc.	124,534	299,760
7,370	Invesco LTD	183,511	291,262
7,585	I Shares Russell 2000 Growth	846,480	1,079,952
3,990	Johnson & Johnson	300,226	417,234
3,150	Macy's Inc	103,835	207,113
3,135	Marathon Petroleum Corp	268,369	282,965
2,610	Mastercard Inc Class A	227,118	224,878
1,760	McKesson Corp	194,674	365,341
3,580	Merck & Co	156,050	203,308
6,450	Microsoft Corp	222,148	299,603
6,910	Mondelez International	182,662	251,006
3,540	Nike Inc. Class B	219,715	340,371
2,190	Palo Alto Networks	217,292	268,428
2,730	PetSmart Inc.	189,542	221,935
3,120	PNC Financial Services Group	221,810	284,638
1,250	Precision Castparts corp	317,415	301,100
3,170	Prudential Financial Inc.	206,406	286,758
5,490	Qualcomm Inc	325,527	408,072
8,630	Quanta Services Inc.	227,891	245,006
2,395	Thermo Fisher Scientific	282,718	300,070
2,400	Union Pacific Corp	189,129	285,912
2,950	United Health Group	225,060	298,216
2,300	United Technologies Corp	227,004	264,500
6,750	US Bancorp	245,660	303,413
4,889	Verizon Communications	249,684	228,707
3,380	Walt Disney Company	143,160	318,362
7,380	Wells Fargo & Co	224,849	404,572
Total Equities		\$ 10,960,411	\$ 14,381,144
Total Investments		\$ 20,624,276	\$ 24,132,429

Reynolds Memorial Retirement Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2014

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	-	\$ 5,106,081	-	-	\$ 5,106,081	\$ 5,106,081	-
WesBanco	Federated US Treasury Cash Reserve	\$ 5,433,162	-	-	-	\$ 5,433,162	\$ 5,433,162	-

Reynolds Memorial Hospital Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2014

Face/ Shares	Description	Cost	Fair Value
Cash and Cash Equivalents			
	Federated US Treasury Cash Reserve and other cash	\$ 307,983	\$ 307,983
	Total Cash and Cash Equivalents	<u>307,983</u>	<u>307,983</u>
U.S. Government Agency Obligations			
100,000	FHLB Multi-Step Cpn Bond 1.05% 7/10/2028	\$ 100,000	\$ 100,041
186,901	FNMA Pool 2.5% 08/01/2027	189,588	190,805
197,293	FHLMC FG 3% 10/10/2029	204,630	205,025
36,091	FNMA CMO FNR 2.0% 02/25/2024	36,452	36,262
45,098	FNMA CMO FNR 3% 03/25/2025	46,338	46,334
226,077	FNMA CMO FNR 3.5% 06/25/2033	232,719	235,414
805,164	FNMA CMO FNR 2.0% 06/25/2039	822,274	797,146
120,453	FNMA CMO FNR 3.5% 8/25/2014	125,271	125,654
812,397	FHLMC CMO FHR 2.0% 10/15/2041	824,202	784,631
	Total U.S. Government Agency Obligations	<u>\$ 2,581,474</u>	<u>\$ 2,521,312</u>
Municipal Obligations			
250,000	Wisconsin St Transn Rev Build America Bonds 5.3%	\$ 250,000	\$ 283,165
210,000	Lebanon PA Auth SWR Rev Build America Bonds 5.97%	209,378	235,891
	Total Municipal Obligations	<u>\$ 459,378</u>	<u>\$ 519,056</u>

Reynolds Memorial Hospital Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2014

Face/ Shares	Description	Cost	Fair Value
Corporate Obligations			
2,500,000	American Express 6.15% 08/8/2017	\$ 303,208	\$ 278,550
200,000	Autodesk Inc 3.6% 12/15/2022-2022	199,998	197,766
500,000	Bank of America MTN Fix to Float 2.21% 03/23/2017	500,000	509,500
250,000	Citigroup 5.375% 08/09/2020	252,983	284,140
200,000	DIAEGO PLC CORP 2.625% 4/29/2023	184,758	194,454
500,000	Duke Energy Corp 3.95% 10/15/2023	524,905	530,090
250,000	GE Capital 5.55% 05/04/2020	264,188	287,320
200,000	GE Capital Corp. Series 5% 01/08/2016	173,406	208,376
250,000	Goldman Sachs Group 6% 06/15/2020	264,345	289,008
500,000	JP Morgan Chase Step CPN 3% 08/30/2027	495,625	474,345
250,000	JP Morgan Chase & Co 2.25% 8/30/2022	242,500	243,005
250,000	Morgan Stanley Fix to Float Mtn 3% 08/30/2015	250,000	253,158
100,000	Occidental Petroleum 3.125% 2/15/2022-2021	100,000	98,842
150,000	PNC Funding 3.3% 3/8/2022	147,375	154,263
400,000	PNC Bank NA 2.95% 1/30/2023	394,992	390,876
500,000	US Bancorp 3% 03/15/2022	496,470	504,985
Total Corporate Obligations		<u>\$ 4,794,751</u>	<u>\$ 4,898,677</u>

Reynolds Memorial Hospital Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2014

Face/ Shares	Description	Cost	Fair Value
Mutual Funds			
43,123	Vanguard Short Term Inv Grade Bond Fund	\$ 459,496	\$ 459,695
6,685	Artisan Int'l Fund	201,516	200,296
2,181	Artisan Mid Cap Fund	109,619	99,127
15,087	Artisan Mid Cap Value Fund	335,829	371,735
5,811	Federated Int'l leaders Fund	201,991	186,142
8,023	Oakmark Intl Fund	211,828	187,262
Total Mutual Funds		<u>\$ 1,520,278</u>	<u>\$ 1,504,257</u>
Equities			
1,890	Ace Ltd	\$ 176,437	\$ 217,123
1,890	Amgen Inc.	211,081	301,058
3,130	Apple Computer Inc	98,470	345,489
2,140	Boeing Co	144,023	278,157
5,980	Borgwarner, Inc.	267,104	328,601
8,190	Broadcom Corp	264,112	354,873
3,520	Cardinal Health Inc	266,204	284,170
1,048	CF Industries Holdings	201,016	285,622
2,380	Chevron Corporation	209,430	266,988
3,470	Conoco-Phillips	294,265	239,638
7,390	Continental Resources	307,340	283,480
1,970	Costco Wholesale Corp	221,017	279,248
2,900	CVS Health Corp	109,188	279,299
4,060	Eaton Corp	237,294	275,918
1,840	EI Du Pont De Nemours & Co.	74,187	136,050
3,515	EQT Corp	296,632	266,086
1,895	Fedex Corp	277,636	329,086
4,690	General Mills	232,807	250,118
375	Google Inc	164,994	198,998
375	Google Inc Class C Shares	164,467	197,400
2,870	Home Depot Inc.	220,242	301,264

Reynolds Memorial Hospital Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2014

Face/ Shares	Description	Cost	Fair Value
Equities (continued)			
3,000	Honeywell International Inc.	\$ 124,534	\$ 299,760
7,370	Invesco LTD	183,511	291,262
7,585	I Shares Russell 2000 Growth	846,480	1,079,952
3,990	Johnson & Johnson	300,226	417,234
3,150	Macy's Inc	103,835	207,113
3,135	Marathon Petroleum Corp	268,369	282,965
2,610	Mastercard Inc Class A	227,118	224,878
1,760	McKesson Corp	194,674	365,341
3,580	Merck & Co	156,050	203,308
6,450	Microsoft Corp	222,148	299,603
6,910	Mondelez International	182,662	251,006
3,540	Nike Inc. Class B	219,715	340,371
2,190	Palo Alto Networks	217,292	268,428
2,730	PetSmart Inc.	189,542	221,935
3,120	PNC Financial Services Group	221,810	284,638
1,250	Precision Castparts corp	317,415	301,100
3,170	Prudential Financial Inc.	206,406	286,758
5,490	Qualcomm Inc	325,527	408,072
8,630	Quanta Services Inc.	227,891	245,006
2,395	Thermo Fisher Scientific	282,718	300,070
2,400	Union Pacific Corp	189,129	285,912
2,950	United Health Group	225,060	298,216
2,300	United Technologies Corp	227,004	264,500
6,750	US Bancorp	245,660	303,413
4,889	Verizon Communications	249,684	228,707
3,380	Walt Disney Company	143,160	318,362
7,380	Wells Fargo & Co	224,849	404,572
Total Equities		<u>\$ 10,960,411</u>	<u>\$ 14,381,144</u>
Total Investments		<u><u>\$ 20,624,276</u></u>	<u><u>\$ 24,132,429</u></u>

**Reynolds Memorial Retirement Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2014**

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	-	\$ 5,106,081	-	-	\$ 5,106,081	\$ 5,106,081	-
WesBanco	Federated US Treasury Cash Reserve	\$ 5,433,162	-	-	-	\$ 5,433,162	\$ 5,433,162	-