

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <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>2b Employer Identification Number (EIN) <u>55-0357045</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>304-845-3236</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>525100</u></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.	07/29/2016	ALEX INCLAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2016	DR. DAVID HESS
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 562
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) 385
a(2) Total number of active participants at the end of the plan year	6a(2) 309
b Retired or separated participants receiving benefits.....	6b 37
c Other retired or separated participants entitled to future benefits.....	6c 174
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 520
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 4
f Total. Add lines 6d and 6e	6f 524
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 520
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 18
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)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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	69400	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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 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)	427080	437334
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	66011	54163
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	307983	183516
(2) U.S. Government securities.....	1c(2)	2521312	2000890
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	4898677	4392857
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	14381144	10626022
(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)	1504257	2913722
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	519056	509109

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	24625520	21117613

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24625520	21117613
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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)	437334	
(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)		437334
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9	
(B) U.S. Government securities	2b(1)(B)	51973	
(C) Corporate debt instruments	2b(1)(C)	171648	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	25787	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		249417
(2) Dividends: (A) Preferred stock		2b(2)(A)	
(B) Common stock	2b(2)(B)	231033	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	127910	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		358943
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		2b(4)(A)	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9720406	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		107964
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate		2b(5)(A)	
(B) Other	2b(5)(B)	-452549	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-452549

		(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)		-257531
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		443578

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3882085	
(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)		3882085
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)	69400	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		69400
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3951485

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3507907
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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	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			4000000
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		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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	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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>55-0675873</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

Schedule R (Form 5500) 2015
v. 150123

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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Reynolds Memorial Retirement Plan

Audited Financial Statements
and Supplementary Information
Years ended December 31, 2015 and 2014

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, 2015 and 2014, 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, 2015 and 2014, 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 or for the year ended December 31, 2015, 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 & Gwynn, PLLC

Wheeling, West Virginia,
July 28, 2016.

Reynolds Memorial Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets		
Investments	<u>\$ 20,626,116</u>	<u>\$ 24,132,429</u>
Receivables		
Employer contribution	437,334	427,080
Accrued interest and dividend	<u>54,163</u>	<u>66,011</u>
Total receivables	<u>491,497</u>	<u>493,091</u>
 Total assets	 21,117,613	 24,625,520
Liabilities		
 Total liabilities	 <u>-</u>	 <u>-</u>
Net Assets Available for Benefits	<u><u>\$ 21,117,613</u></u>	<u><u>\$ 24,625,520</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, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions to Net Assets		
Investment revenue:		
Dividends	\$ 359,450	\$ 327,598
Interest	248,911	258,783
Net realized and unrealized (depreciation) appreciation of investments	<u>(602,117)</u>	<u>1,291,798</u>
	6,244	1,878,179
Less: investment expenses	<u>69,400</u>	<u>74,247</u>
Net investment (loss) revenue	(63,156)	1,803,932
Contributions:		
Employer	437,334	427,080
Total additions	<u>374,178</u>	<u>2,231,012</u>
Deductions from Net Assets		
Benefits paid to participants	<u>3,882,085</u>	<u>1,739,317</u>
Total deductions	<u>3,882,085</u>	<u>1,739,317</u>
Net (decrease) increase	(3,507,907)	491,695
Net Assets Available for Benefits		
Beginning of year	<u>24,625,520</u>	<u>24,133,825</u>
End of year	<u><u>\$ 21,117,613</u></u>	<u><u>\$ 24,625,520</u></u>

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

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2015 and 2014

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 2015 and 2014 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, 2015 and 2014 were \$59,545 and \$49,324, respectively, and are included in the Net Assets Available for Plan Benefits in the accompanying statements. Amounts forfeited to the benefit of the Plan participants in 2015 and 2014, were \$2,831 and \$13,751 respectively.

Participant Loans

Participant loans are not permitted by the Plan.

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

Accounting Standards Update

With respect to investment disclosures, in July, 2015, the FASB issued ASU 2015-07 and 2015-12, which are intended to simplify employee benefit plan reporting. The Accounting Standards Updates have several aspects; only a portion of which apply to this Plan. The Plan has chosen to early implement the provisions of this update.

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2015 and 2014

3. Investments (Continued)

Investment Composition

During the years ended December 31, 2015 and 2014, the Plan's investments consisted of:

	Level (Note 4)	Fair Value 2015	Fair Value 2014
Cash and equivalents	1	\$ 183,516	\$ 307,983
U.S government agency obligations	2	2,000,890	2,521,312
Municipal obligations	2	509,109	519,056
Corporate obligations	2	4,392,857	4,898,677
Mutual funds	1	2,913,722	1,504,257
Equities	1	10,626,022	14,381,144
Total		<u>\$ 20,626,116</u>	<u>\$ 24,132,429</u>

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, 2015 and 2014

4. Fair Value (Continued)

METHODOLOGIES

There have been no changes in the methodologies of the Plan's investments between December 31, 2015 and December 31, 2014. 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 \$5,680,843 and \$7,932,968 at December 31, 2015 and 2014, 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, 2015 and 2014

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's 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, 2015 and 2014.
- Investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2015 and 2014.
- The Schedule of Assets Held at End of Year, as shown in the Supplemental Information, as of December 31, 2015.
- The Schedule of Reportable Transactions, as shown in the Supplemental Information, for the year ended December 31, 2015.

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 Statements of Net Assets Available for Benefits.

12. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were issued, July 28, 2016, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Supplemental Information

**Reynolds Memorial Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2015**

Face/ Shares	Description	Cost	Fair Value
Cash and Cash Equivalents			
	Federated US Treasury Cash Reserve and other cash	\$ 183,516	\$ 183,516
	Total Cash and Cash Equivalents	<u>\$ 183,516</u>	<u>\$ 183,516</u>
U.S. Government Agency Obligations			
161,282	FNMA Pool 2.5% 08/01/2027	163,600	163,889
164,275	FHLMC FG 3% 10/10/2029	170,384	169,459
4,072	FNMA CMO FNR 2.0% 02/25/2024	4,113	4,071
33,734	FNMA CMO FNR 3% 03/25/2025	34,661	34,379
186,500	FNMA CMO FNR 3.5% 06/25/2033	191,979	193,074
658,043	FNMA CMO FNR 2.0% 06/25/2039	672,026	647,961
103,947	FNMA CMO FNR 3.5% 8/25/2014	108,105	108,454
704,222	FHLMC CMO FHR 2.0% 10/15/2041	714,455	679,602
	Total U.S. Government Agency Obligations	<u>\$ 2,059,324</u>	<u>\$ 2,000,890</u>
Municipal Obligations			
250,000	Wisconsin St Transn Rev Build America Bonds 5.3%	\$ 250,000	\$ 278,158
210,000	Lebanon PA Auth SWR Rev Build America Bonds 5.97%	209,378	230,952
	Total Municipal Obligations	<u>\$ 459,378</u>	<u>\$ 509,109</u>
Corporate Obligations			
250,000	American Express 6.15% 08/28/2017	303,208	267,655
200,000	Autodesk Inc 3.6% 12/15/2022-2022	199,998	194,276
500,000	Bank of America Mtn Fix to Float	500,000	502,405
250,000	Citigroup 5.375% 08/09/2020	252,983	278,720

Reynolds Memorial Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2015

Face/ Shares	Description	Cost	Fair Value
Corporate Obligations (Continued)			
200,000	DIAEGO PLC CORP 2.625% 4/29/2023	184,758	193,224
500,000	Duke Energy Corp 3.95% 10/15/2023	524,905	514,570
250,000	GE Capital 5.55% 05/04/2020	264,188	282,758
250,000	Goldman Sachs Group 6% 06/15/2020	264,345	282,528
500,000	JP Morgan Chase Step CPN 3% 08/30/2027	495,625	482,710
250,000	JP Morgan Chase & Co 2.25% 8/30/2022	242,500	244,578
100,000	Occidental Petroleum 3.125% 2/15/2022-2021	100,000	97,777
150,000	PNC Funding 3.3% 3/8/2022	147,375	153,575
400,000	PNC Bank NA 2.95% 1/30/2023	394,992	387,848
500,000	US Bancorp 3% 03/15/2022	496,470	510,235
Total Corporate Obligations		\$ 4,371,345	\$ 4,392,857
Mutual Funds			
6,697	Artisan Int'l Fund	201,903	192,059
7,329	Artisan Mid Cap Value Fund	359,286	293,016
11,743	Federated Int'l leaders Fund	407,186	362,866
4,044	I Shares Russell MidCap Growth Index Fund	396,289	371,724
3,492	I Shares Russell 2000 Growth Index Fund	389,704	486,366
8,741	Oakmark Intl Fund	227,831	186,703
6,991	PrimeCap Odyssey Aggressive Growth Fund	245,109	226,513
6,389	T Rowe Price Institutional Emerging Markets	183,555	166,049
10,940	T Rowe Price new Horizons Fd	523,597	464,520
14,340	Templeton Emerging Markets Small Cap	179,250	163,906
Total Mutual Funds		\$ 3,113,710	\$ 2,913,722
Equities			
1,522	Ace Ltd	\$ 142,083	\$ 177,846
263	Alphabet Inc Class C	115,030	199,585
251	Alphabet Inc Class A	110,436	195,281
1,755	Amgen Inc.	196,938	284,889
2,258	Apple Computer Inc	71,037	237,677

Reynolds Memorial Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2015

Face/ Shares	Description	Cost	Fair Value
Equities (Continued)			
2,054	Avago Technologies Ltd	263,037	298,138
1,606	Boeing Co	108,084	232,212
6,505	Borgwarner, Inc.	284,546	281,211
2,828	Cardinal Health Inc	213,870	252,456
3,299	Cerner Corp	197,143	198,501
3,753	CF Industries Holdings	143,972	153,160
2,681	Chevron Corporation	235,729	241,183
4,837	Conoco-Phillips	378,306	225,840
7,398	Continental Resources	296,763	170,006
1,508	Costco Wholesale Corp	169,184	243,542
2,151	CVS Health Corp	80,987	210,303
4,059	Eaton Corp	236,617	211,230
2,109	EI Du Pont De Nemours & Co.	86,061	140,459
2,812	EQT Corp	236,840	146,590
1,779	Fedex Corp	260,798	265,053
3,228	General Mills	160,235	186,126
4,309	Hain Celestial Group, Inc.	290,881	174,041
1,769	Home Depot Inc.	135,752	233,950
2,133	Honeywell International Inc.	88,543	220,915
7,983	Invesco LTD	206,808	267,271
3,131	Johnson & Johnson	235,591	321,616
2,684	Macy's Inc	95,053	93,886
4,460	Marathon Petroleum Corp	192,367	231,206
3,060	Mastercard Inc Class A	269,333	297,922
1,416	McKesson Corp	160,250	279,278
3,028	Merck & Co	132,748	159,939
5,251	Microsoft Corp	180,852	291,325
4,879	Mondelez International	128,974	218,774
4,416	Nike Inc.	137,043	276,000
1,138	Palo Alto Networks	112,913	200,447
2,334	PNC Financial Services Group	165,931	222,454
2,702	Prudential Financial Inc.	176,554	219,970
3,543	Texas Instruments Inc.	196,940	194,192
1,636	Thermo Fisher Scientific	193,192	232,067
7,647	Toll Brothers	303,356	254,645
2,955	Union Pacific Corp	253,678	231,081
2,083	United Health Group	165,122	245,044
2,323	United Technologies Corp	229,335	223,171
4,985	US Bancorp	181,425	212,710
4,611	Verizon Communications	234,718	213,120
2,399	Walt Disney Company	110,381	252,087
5,659	Wells Fargo & Co	172,812	307,623
Total Equities		\$ 8,738,250	\$ 10,626,022
Total Investments		\$ 18,925,524	\$ 20,626,116

**Reynolds Memorial Retirement Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2015**

Identity of Party Involved	Description of asset	Purchase price	Sales price	Cost of asset	Current value of asset on date of transaction	Net gain or (loss)
WesBanco	Federated US Treasury Cash Reserve	-	\$ 3,017,484	\$ 3,017,484	\$ 3,017,484	-
WesBanco	Federated US Treasury Cash Reserve	\$ 2,669,661	-	\$ 2,669,661	\$ 2,669,661	-

Schedule H Line 4j
Plan Sponsor: Reynolds Memorial Retirement Plan
Plan Sponsor EIN: 55-0357045
Plan Number: 002

Reynolds Memorial Retirement Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2015

Identity of Party Involved	Description of asset	Purchase price	Sales price	Cost of asset	Current value of asset on date of transaction	Net gain or (loss)
WesBanco	Federated US Treasury Cash Reserve	-	\$ 3,017,484	\$ 3,017,484	\$ 3,017,484	-
WesBanco	Federated US Treasury Cash Reserve	\$ 2,669,661	-	\$ 2,669,661	\$ 2,669,661	-

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: Reynolds Memorial Retirement Plan

► Reynolds Memorial Hospital Inc.

Employer Identification Number: ► 55-0357045

For plan year (beginning/ending): ► January 1 to December 31, 2015 Plan number: ► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Cash	Cash	3,277.85	3,277.85
	Federated US Treasury Cash Reserve	Short Term Investment	180,238.04	180,238.04
	FNMA Pool 2.5% 08/01/2027	U.S. Government Security	163,599.94	163,889.44
	FHLMC FG 3% 10/01/20289	U.S. Government Security	170,383.82	169,459.35
	FNMA CMO FNR 2% 02/25/2024	U.S. Government Security	4,112.61	4,070.99
	FNMA CMO FNR 3% 03/25/2025	U.S. Government Security	34,661.34	34,379.43
	FNMA CMO FNR 3.5% 06/25/2033	U.S. Government Security	191,978.56	193,073.91
	FNMA CMO FNR 2% 06/25/2039	U.S. Government Security	672,026.48	647,960.73
	FNMA CMO FNR 3.5% 08/25/2041	U.S. Government Security	108,105.32	108,454.27
	FHLMC CMO FHR 2% 10/15/2041	U.S. Government Security	714,455.44	679,602.17
	Wisconsin St Transn Rev Build America 5.3% 07/01/2025	Municipal Bond	250,000.00	278,157.50
	Lebanon PA Auth Swr Rev Build America 5.97% 12/15/2025	Municipal Bond	209,378.40	230,951.70
	Bank of America Mtn Fix to Float 2.4931% 03/23/2017	Corporate Bond	500,000.00	502,405.00
	American Express 6.15% 08/28/2017	Corporate Bond	303,207.50	267,655.00
	GE Capital 5.55% 05/04/2020	Corporate Bond	264,187.50	282,757.50
	Goldman Sachs Group 6% 06/15/2020	Corporate Bond	264,345.00	282,527.50
	Citigroup 5.375% 08/09/2020	Corporate Bond	252,982.50	278,720.00
	Occidental Petroleum 3.125% 02/15/2022	Corporate Bond	100,000.00	97,777.00
	PNC Funding 3.3% 03/08/2022	Corporate Bond	147,375.00	153,574.50
	US Bancorp 3% 03/15/2022	Corporate Bond	496,470.00	510,235.00
	JP Morgan Chase Step-Up Note 2.25% 08/30/2022	Corporate Bond	242,500.00	244,577.50
	Autodesk Inc 3.6% 12/15/2022	Corporate Bond	199,997.57	194,276.00
	PNC Bank NA 2.95% 01/30/2023	Corporate Bond	394,992.00	387,848.00
	Diageo PLC Corp Bona 2.625% 04/29/2023	Corporate Bond	184,758.00	193,224.00
	Duke Energy Corp 3.95% 10/15/2023	Corporate Bond	524,905.00	514,570.00
	JP Morgan Chase Step Cpn 3% 08/30/2027	Corporate Bond	495,625.00	482,710.00
	Borgwarner Inc.	6505 shares Common Stock	284,545.99	281,211.15
	Walt Disney Company	2399 shares Common Stock	110,381.29	252,086.92
	Home Depot Inc	1769 shares Common Stock	135,752.14	233,950.25
	Macys	2684 shares Common Stock	95,052.67	93,886.32
	Nike Inc.	4416 shares Common Stock	137,042.63	276,000.00
	Toll Brothers Inc.	7647 shares Common Stock	303,356.46	254,645.10
	CVS Health Corp	2151 shares Common Stock	80,987.30	210,303.27
	Costco Wholesale Corp	1508 shares Common Stock	169,184.42	243,542.00
	General Mills Inc.	3228 shares Common Stock	160,234.69	186,126.48
	Hain Celestial Group, Inc.	4309 shares Common Stock	290,880.90	174,040.51
	Mondelez Internationals	4879 shares Common Stock	128,973.69	218,774.36

	Chevron Corporation	2681 shares Common Stock	235,729.33	241,182.76
	Conoco Phillips	4837 shares Common Stock	378,306.29	225,839.53
	Continental Resources	7398 shares Common Stock	296,763.08	170,006.04
	EQT Corp	2812 shares Common Stock	236,839.73	146,589.56
	Marathon Petroleum Corp	4460 shares Common Stock	192,366.83	231,206.40
	PNC Financial Services Group	2334 shares Common Stock	165,931.30	222,453.54
	Prudential Financial Inc.	2702 shares Common Stock	176,553.57	219,969.82
	US Bancorp	4985 shares Common Stock	181,424.58	212,709.95
	Wells Fargo & Co.	5659 shares Common Stock	172,812.44	307,623.24
	Invesco Ltd	7983 shares Common Stock	206,807.71	267,270.84
	Ace Ltd	1522 shares Common Stock	142,082.92	177,845.70
	Amgen Inc.	1755 shares Common Stock	196,938.45	284,889.15
	Cardinal Health Inc.	2828 shares Common Stock	213,870.33	252,455.56
	Cerner Corp	3299 shares Common Stock	197,143.29	198,500.83
	Johnson & Johnson	3131 shares Common Stock	235,590.92	321,616.32
	McKesson Corp	1416 shares Common Stock	160,249.83	279,277.68
	Merck & Co.	3028 shares Common Stock	132,747.72	159,938.96
	Thermo Fisher Scientific	1636 shares Common Stock	193,192.18	232,066.60
	United Health Group Inc.	2083 shares Common Stock	165,122.47	245,044.12
	Boeing Co.	1606 shares Common Stock	108,084.33	232,211.54
	Fedex Corp.	1779 shares Common Stock	260,798.28	265,053.21
	Honeywell International Inc	2133 shares Common Stock	88,543.39	220,914.81
	Union Pacific Corp	2955 shares Common Stock	253,677.86	231,081.00
	United Technologies Corp	2323 shares Common Stock	229,335.21	223,170.61
	Eaton Corp PLC	4059 shares Common Stock	236,616.78	211,230.36
	Alphabet Inc Cl C	263 shares Common Stock	115,030.40	199,585.44
	Alphabet Inc Cl A	251 shares Common Stock	110,436.10	195,280.51
	Apple Inc	2258 shares Common Stock	71,036.96	237,677.08
	Mastercard Inc Class A	3060 shares Common Stock	269,333.05	297,921.60
	Microsoft Corp	5251 shares Common Stock	180,852.32	291,325.48
	Palo Alto Networks	1138 shares Common Stock	112,912.58	200,447.32
	Texas Instruments Inc	3543 shares Common Stock	196,940.13	194,191.83
	Avago Technologies Ltd	2054 shares Common Stock	263,036.68	298,138.10
	CF Industries Hldgs	3753 shares Common Stock	143,971.62	153,159.93
	EI Dupont de Nemours Co.	2109 shares Common Stock	86,061.17	140,459.40
	Verizon Communications	4611 shares Common Stock	234,718.43	213,120.42
	Artisan Intl Fund #661	6696.61 shares Mutual Fund	201,903.26	192,058.77
	Artisan Mid Cap Fund I #962	7329.062 shares Mutual Fund	359,286.16	293,015.90
	Federated Intl Leaders Fund	11743.246 shares Mutual Fund	407,186.07	362,866.30
	Oakmark Intl Fund #109	8740.775 shares Mutual Fund	227,830.72	186,702.95
	I Shares Russell Midcap Growth Index	4044 shares Mutual Fund	396,288.55	371,724.48
	I Shares Russell 2000 Growth Index	3492 shares Mutual Fund	389,704.47	486,365.76
	T Rowe Price Inst. Emerging Mkts Equity	6388.962 shares Mutual Fund	183,554.87	166,049.12
	Primecap Odyssey Aggressive Growth	6991.131 shares Mutual Fund	245,109.07	226,512.64
	T Rowe Price New Horizons #42	10940.185 shares Mutual Fund	523,597.23	464,520.26
	Templeton Emerging Mkts Sm/Cap #626	14339.993 shares Mutual Fund	179,249.91	163,906.12
		TOTAL	18,925,523.62	20,626,116.28