

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 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;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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.) ☒ 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 HOSPITAL 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>01/01/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1987</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1987</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>304-845-3211</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>55-0357045</u>	2c Plan Sponsor's telephone number <u>304-845-3211</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>55-0357045</u>					
2c Plan Sponsor's telephone number <u>304-845-3211</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2018	ALEX INCLAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2018	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name REYNOLDS MEMORIAL HOSPITAL INC. c Plan Name REYNOLDS MEMORIAL RETIREMENT PLAN	4b EIN 55-0357045 4d PN 002
5 Total number of participants at the beginning of the plan year	5 584
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) 393
a(2) Total number of active participants at the end of the plan year	6a(2) 329
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 226
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 555
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 555
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 555
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 11
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 3D

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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(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)** ☐ **0** **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan REYNOLDS MEMORIAL HOSPITAL 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 DEPTMEN

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	67054	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>REYNOLDS MEMORIAL HOSPITAL 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)	410749	478372
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	56274	53684
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	775133	151979
(2) U.S. Government securities.....	1c(2)	1763961	1420069
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	4694206	4439277
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10307690	10455238
(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)	2945605	4561769
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	501387	489752

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	21455005 22050140
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	21455005 22050140

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	474646
	(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)	474646
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	42828
	(C) Corporate debt instruments	2b(1)(C)	162175
	(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)	230790
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	178108
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	97125
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	275233
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10787694
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10186144
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	601550
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	1729668
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	1729668

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income	2c		741092
d Total income. Add all income amounts in column (b) and enter total.....	2d		4052979

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3390790	
(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)		3390790
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)	67054	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		67054
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3457844

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		595135
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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan REYNOLDS MEMORIAL HOSPITAL 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	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 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 55-0675873		
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		
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, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Reynolds Memorial Retirement Plan

Audited Financial Statements
and Supplementary Information
Years ended December 31, 2017 and 2016

WILSON KOZICKI & GWYNN PLLC
CERTIFIED PUBLIC ACCOUNTANTS

**Reynolds Memorial Retirement Plan
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WILSON KOZICKI & GWYNN PLLC
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Independent Auditor's Report

To the Retirement Committee of
Reynolds Memorial Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Reynolds Memorial Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, 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, 2017 and 2016, 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, 2017, 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 Koychi & Gwynn PLLC

Wheeling, West Virginia,
July 20, 2018.

Reynolds Memorial Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Assets		
Investments	<u>\$ 21,518,084</u>	<u>\$ 20,987,981</u>
Receivables		
Employer contribution	478,372	410,750
Accrued interest and dividends	<u>53,684</u>	<u>56,274</u>
Total receivables	<u>532,056</u>	<u>467,024</u>
 Total assets	 22,050,140	 21,455,005
Liabilities		
 Total liabilities	 <u>-</u>	 <u>-</u>
 Net Assets Available for Benefits	 <u><u>\$ 22,050,140</u></u>	 <u><u>\$ 21,455,005</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, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions to Net Assets		
Investment income:		
Dividends	\$ 274,953	\$ 296,213
Interest	231,070	236,203
Net realized and unrealized appreciation of investments	<u>3,072,310</u>	<u>688,370</u>
	3,578,333	1,220,786
 Less: investment expenses	<u>67,054</u>	<u>64,404</u>
Net investment income	3,511,279	1,156,382
 Contributions:		
Employer	474,646	448,960
 Total additions	<u>3,985,925</u>	<u>1,605,342</u>
 Deductions from Net Assets		
Benefits paid to participants	<u>3,390,790</u>	<u>1,267,950</u>
Total deductions	<u>3,390,790</u>	<u>1,267,950</u>
 Net increase	595,135	337,392
 Net Assets Available for Benefits		
Beginning of year	<u>21,455,005</u>	<u>21,117,613</u>
 End of year	<u>\$ 22,050,140</u>	<u>\$ 21,455,005</u>

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

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

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, 2016, 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. The Plan has a "safe harbor" feature which permits contributions to participants who have not attained 500 hours under certain circumstances. 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 2017 and 2016 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, 2017 and 2016 were \$75,672 and \$60,679, 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 2017 and 2016, were \$7,565 and \$3,726 respectively.

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

1. Description of Plan (Continued)

Participant Loans

Participant loans are not permitted by the Plan.

Hardship Withdrawals

Hardship withdrawals are not permitted by the Plan.

Expenses

Expenses of the Plan are generally paid by the Hospital except for certain trustee fees as described in Note 5.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest in his or her account, or annual installments over a period of years. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

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.

Reynolds Memorial Retirement Plan
Notes to Financial Statements
December 31, 2017 and 2016

3. Investments

Investment Composition

During the years ended December 31, 2017 and 2016, the Plan's investments consisted of:

	Level (Note 4)	Fair Value 2017	Fair Value 2016
Cash and cash equivalents	1	\$ 151,979	\$ 775,133
U.S government agency obligations	2	1,420,069	1,763,960
Municipal obligations	2	489,752	501,387
Corporate obligations	2	4,439,277	4,694,206
Mutual funds	1	4,561,769	2,945,605
Equities	1	10,455,238	10,307,690
Total		<u>\$ 21,518,084</u>	<u>\$ 20,987,981</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 the level determination of each of the Plan's investments, on the recurring basis.</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, 2017 and 2016

4. Fair Value (Continued)

METHODOLOGIES

There have been no changes in the methodologies of the Plan's investments between December 31, 2017 and December 31, 2016. The following is a description of the valuation methodologies used by this Plan:

Money market funds: Valued at \$1 per share.

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.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in different fair value measurements at the reporting date.

5. Retirement Plan Trust

The Hospital has an Agreement with WesBanco Trust and Investment Services (the Bank) which appointed the Bank as trustee. The trustee also performs all of the custodial functions. The Plan directly pays the trustee fees.

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 \$8,615,190 and \$6,794,850 at December 31, 2017 and 2016, 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, 2017 and 2016

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, 2017 and 2016.
- **Investment income**, as shown in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2017 and 2016.
- **The Schedule of Assets Held at End of Year**, as shown in the Supplemental Information, as of December 31, 2017.
- **The Schedule of Reportable Transactions**, as shown in the Supplemental Information, for the year ended December 31, 2017.

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. A trustee of the Plan sponsor is an officer of the Bank, who was the recipient of investment fees paid by the plan.

In addition, 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, independent auditors, and recordkeepers.

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 20, 2018, 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, 2017**

Face/ Shares	Description	Cost	Fair Value
Cash and Cash Equivalents			
	Federated US Treasury Cash Reserve and other cash	\$ 151,979	\$ 151,979
	Total Cash and Cash Equivalents	\$ 151,979	\$ 151,979
U.S. Government Agency Obligations			
200,000	FNMA Pool 2.43% 08/01/2026	\$ 200,875	\$ 194,478
107,778	FNMA Pool 2.5% 08/01/2027	109,328	108,318
107,923	FHLMC FG 3% 10/10/2029	111,936	109,956
15,660	FNMA CMO FNR 3% 03/25/2025	16,091	15,760
128,230	FNMA CMO FNR 3.5% 06/25/2033	131,997	130,142
315,362	FNMA CMO FNR 2.0% 06/25/2039	322,064	313,422
64,212	FNMA CMO FNR 3.5% 8/25/2014	66,781	85,881
504,297	FHLMC CMO FHR 2.0% 10/15/2041	511,625	462,112
	Total U.S. Government Agency Obligations	\$ 1,470,696	\$ 1,420,069
Municipal Obligations			
250,000	Wisconsin St Transn Rev Build America Bonds 5.3%	\$ 250,000	\$ 267,423
210,000	Lebanon PA Auth SWR Rev Build America Bonds 5.97%	209,378	222,329
	Total Municipal Obligations	\$ 459,378	\$ 489,752
Corporate Obligations			
250,000	GE Capital 5.55% 05/04/2020	\$ 264,188	\$ 267,568
250,000	Goldman Sachs Group 6% 06/15/2020	264,345	270,305
250,000	Citi Group 5.375% 08/09/2020	252,983	268,133
100,000	Occidental Petroleum 3.125% 2/15/2022-2021	100,000	102,521

Reynolds Memorial Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2017

Face/ Shares	Description	Cost	Fair Value
Corporate Obligations (Continued)			
150,000	PNC Funding 3.3% 3/8/2022	147,375	154,011
500,000	US Bancorp 3% 03/15/2022	496,470	509,970
250,000	JP Morgan Chase Step-Up Note 2.75% 08/30/2022-2014	242,500	246,088
500,000	Novartis Capital 2.4% 09/21/2022	498,215	497,210
200,000	Auto Desk Inc 3.5% 12/15/2022-2022	199,998	204,444
400,000	PNC Bank NA 2.95% 01/30/2023-2022	394,992	402,652
200,000	Diageo PLC Corp Bond 2.625% 04/29/2023-2023	184,758	199,966
500,000	Duke Energy Corp 3.95% 10/15/2023	524,905	524,855
150,000	PNC Bank NA 3.25% 08/01/2025-2025	154,112	152,240
150,000	Exxon Mobil Corp 3.043% 03/01/2026-2025	156,326	152,316
500,000	JP Morgan Chase Step CPN 3% 08/30/2027-2015	495,625	487,000
Total Corporate Obligations		<u>\$ 4,376,790</u>	<u>\$ 4,439,277</u>
Mutual Funds			
10,963	Federated Total Return Bd Fd	\$ 119,552	\$ 119,496
4,510	Fidelity Floating Rate High Income Fd	43,479	43,387
15,582	Fidelity Strategic Income Fund	172,509	172,178
10,185	Metropolitan West Total Return Bond Fd	108,581	108,584
9,176	Vanguard S/T Invest GR-ADM	97,864	97,539
55,399	Wesmark Government Bond Fund	544,887	541,243
6,735	Artisan Int'l Fund	202,356	224,473
2,701	Brown Captial Management Small Company Fund	258,149	241,130
12,085	Federated Int'l Leaders Fund	417,456	452,236
7,972	Oakmark Int'l Fund	208,929	227,764
3,698	I Shares Russell Midcap Growth Index Fund	362,824	445,885
1,389	I Shares Russell 2000 Growth Index Fund	155,499	259,326
5,930	T Rowe Price Institutional Emerging Mkts Equity Fd	179,764	243,602
6,205	Primecap Odyssey Aggressive Growth Fd	221,193	275,078
9,205	T Rowe Price New Horizons Fd	435,743	483,901
16,185	Templeton Emerging Mkts Sm/Cap	210,578	246,978
9,336	Victory Sycamore Established Value Fund	385,503	378,967
Total Mutual Funds		<u>\$ 4,124,865</u>	<u>\$ 4,561,769</u>

Reynolds Memorial Retirement Plan
Schedule of Assets Held at End of Year
As of December 31, 2017

Face/ Shares	Description	Cost	Fair Value
Equities			
1,652	Walt Disney Company	\$ 96,931	\$ 199,109
1,447	Home Depot Inc	123,414	274,250
2,216	Lowes Cos Inc	153,508	205,955
5,119	Toll Brothers Inc	191,451	245,814
1,077	Constellation Brands, Inc.	181,725	246,170
4,777	Mondelez International	133,899	204,456
1,975	Pepsico Inc	227,020	236,842
3,209	Walgreens Boots Alliance Inc	259,283	233,038
1,751	Chevron Corporation	157,417	219,208
4,455	Continental Resources	157,432	235,981
3,883	EQT Corp	264,731	221,020
2,505	Marathon Petroleum Corp	105,234	165,346
2,255	Capital One Financial	208,751	224,553
2,472	JP Morgan Chase	145,503	264,356
1,468	PNC Financial Services Group	104,487	211,818
1,992	Prudential Financial Inc.	129,719	229,040
3,748	US Bancorp	136,730	200,711
1,344	Chubb Limited	128,742	196,399
1,489	Amgen Inc	170,304	258,937
1,100	Johnson & Johnson	83,940	153,692
1,385	McKesson Corp	202,852	215,991
3,705	Merck & Co	183,757	208,537
1,464	Thermo Fisher Scientific	179,986	277,984
1,151	United Health Group	151,903	253,749
1,314	Allergan PLC	275,925	214,944
1,245	Fedex Corp	186,147	311,426
1,506	Honeywell International Inc	63,533	230,960
640	Lockheed Martin	184,061	205,472
1,224	Raytheon Company	204,993	229,926
1,736	United Technologies Corp	171,714	221,462
1,568	Alibaba Group Holding LTD	201,125	270,370
316	Alphabet Inc CL A	176,684	332,874
2,265	Amphenol Corp	129,651	200,623
1,664	Apple Inc	75,101	281,599
1,901	Mastercard Inc	167,321	287,735
1,723	Microsoft Corp	59,343	147,385
2,359	Microchip Technology	205,333	208,188
4,201	Paypal Holdings	186,065	309,278
2,903	Splunk Inc	154,785	240,485
2,382	Texas Instruments Inc	131,588	248,778
1,039	Broadcom LTD	133,026	266,919
2,858	Dowdupont Inc	136,331	203,547
1,753	PPG Industries Inc	162,164	204,785
3,318	T-Mobile US Inc	212,635	210,726
4,525	Verizon Communications	229,122	244,801
Total Equities		\$ 7,325,365	\$ 10,455,238
Total Investments		\$ 17,909,073	\$ 21,518,084

**Reynolds Memorial Retirement Plan
Schedule of Reportable Transactions
For the Year Ended December 31, 2017**

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	\$ -	\$ 4,345,036	\$ 4,345,036	\$ 4,345,036	-
WesBanco	Federated US Treasury Cash Reserve	\$ 3,756,670	\$ -	\$ 3,756,670	\$ 3,756,670	-

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► Reynolds Memorial Hospital Retirement Plan
Employer Identification Number (EIN): ► 55-0357045 Three-digit plan number: ► 002
For the plan year beginning/ending: ► January 1, 2017 to December 31, 2017

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
WesBanco	Federated Gov't Obligations Fd	3,756,670	0	0	0	3,756,670	3,756,670	0
WesBanco	Federated Gov't Obligations Fd	0	4,345,036	0	0	4,345,036	4,345,036	0

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

Name of Plan: Reynolds Memorial Hospital Retirement Plan

► Reynolds Memorial Hospital, Inc.

Employer Identification Number: ► 55-0357045

For plan year (beginning/ending): ► January 1, 2017 to December 31, 2017 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	9,300	9,300
	Federated Government Obligations Fund	Short Term Investment	<u>142,679</u>	<u>142,679</u>
	Total Cash and Cash Equivalents		151,979	151,979
	FNMA Pool 2.43% 08/01/2026	U.S. Government Security	200,875	194,478
	FNMA Pool 2.5% 08/01/2027	U.S. Government Security	109,328	108,318
	FHLMC FG 3% 10/01/2029	U.S. Government Security	111,936	109,956
	FNMA CMO FNR 3% 03/25/2025	U.S. Government Security	16,091	15,760
	FNMA CMO FNR 3.5% 06/25/2033	U.S. Government Security	131,997	130,142
	FNMA CMO FNR 2% 06/25/2039	U.S. Government Security	322,064	313,422
	FNMA CMO FNR 3.5% 08/25/2041	U.S. Government Security	66,781	65,881
	FHLMC CMO FHR 2% 10/15/2041	U.S. Government Security	<u>511,625</u>	<u>482,112</u>
	Total U.S. Government Agency Obligations		1,470,696	1,420,069
	Wisconsin St Transn Rev Build America 5.3% 07/01/2025	Municipal Bond	250,000	267,423
	Lebanon PA Auth Swr Rev Build America 5.97% 12/15/2025	Municipal Bond	<u>209,378</u>	<u>222,329</u>
	Total Municipal Obligations		459,378	489,752
	GE Capital 5.55% 05/04/2020	Corporate Bond	264,188	267,568
	Goldman Sachs Group 6% 06/15/2020	Corporate Bond	264,345	270,305
	Citigroup 5.375% 08/09/2020	Corporate Bond	252,983	268,133
	Occidental Petroleum 3.125% 02/15/2022	Corporate Bond	100,000	102,521
	PNC Funding 3.3% 03/08/2022	Corporate Bond	147,375	154,011
	US Bancorp 3% 03/15/2022	Corporate Bond	496,470	509,970
	JP Morgan Chase Step-Up Note 2.25% 08/30/2022	Corporate Bond	242,500	246,088
	Novartis Capital 2.4% 09/21/2022	Corporate Bond	498,215	497,210
	Autodesk Inc 3.6% 12/15/2022	Corporate Bond	199,998	204,444
	PNC Bank NA 2.95% 01/30/2023	Corporate Bond	394,992	402,652
	Diageo PLC Corp Bona 2.625% 04/29/2023	Corporate Bond	184,758	199,966
	Duke Energy Corp 3.95% 10/15/2023	Corporate Bond	524,905	524,855
	PNC Bank NA 3.25% 06/01/2025	Corporate Bond	154,112	152,240
	Exxon Mobil Corp 3.043% 03/01/2026	Corporate Bond	156,326	152,316
	JP Morgan Chase Step Cpn 3% 08/30/2027	Corporate Bond	<u>495,625</u>	<u>487,000</u>
	Total Corporate Obligations		4,376,790	4,439,277
	Walt Disney Company	1852 shares Common Stock	96,931	199,109
	Home Depot Inc	1447 shares Common Stock	123,414	274,250
	Lowes Cos Inc.	2216 shares Common Stock	153,508	205,955
	Toll Brothers Inc.	5119 shares Common Stock	191,451	245,814
	Constellation Brands Inc.	1077 shares Common Stock	181,725	246,170
	Mondelez International	4777 shares Common Stock	133,899	204,456
	Pepsico Inc.	1975 shares Common Stock	227,020	236,842
	Walgreens Boots Alliance Inc.	3209 shares Common Stock	259,283	233,038

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

Name of Plan: Reynolds Memorial Hospital Retirement Plan

► Reynolds Memorial Hospital, Inc.

Employer Identification Number: ► 55-0357045

For plan year (beginning/ending): ► January 1, 2017 to December 31, 2017 Plan number: ► 002

	Chevron Corporation	1751 shares Common Stock	157,417	219,208
	Continental Resources	4455 shares Common Stock	157,432	235,981
	EQT Corp	3883 shares Common Stock	264,731	221,020
	Marathon Petroleum Corp	2506 shares Common Stock	105,234	165,346
	Capital One Financial	2255 shares Common Stock	208,751	224,553
	JP Morgan Chase	2472 shares Common Stock	145,503	264,356
	PNC Financial Services Group	1468 shares Common Stock	104,487	211,818
	Prudential Financial Inc.	1992 shares Common Stock	129,719	229,040
	US Bancorp	3746 shares Common Stock	136,730	200,711
	Chubb Limited	1344 shares Common Stock	128,742	196,399
	Amgen Inc.	1489 shares Common Stock	170,304	258,937
	Johnson & Johnson	1100 shares Common Stock	83,940	153,692
	McKesson Corp	1385 shares Common Stock	202,852	215,991
	Merck & Co.	3706 shares Common Stock	183,757	208,537
	Thermo Fisher Scientific	1464 shares Common Stock	179,986	277,984
	United Health Group Inc.	1151 shares Common Stock	151,903	253,749
	Allergan PLC	1314 shares Common Stock	275,925	214,944
	Fedex Corp.	1248 shares Common Stock	186,147	311,426
	Honeywell International Inc	1506 shares Common Stock	63,533	230,960
	Lockheed Martin	640 shares Common Stock	184,061	205,472
	Raytheon Company	1224 shares Common Stock	204,993	229,928
	United Technologies Corp	1736 shares Common Stock	171,714	221,462
	Alibaba Group Holding LTD	1568 shares Common Stock	201,125	270,370
	Alphabet Inc Cl A	316 shares Common Stock	176,684	332,874
	Amphenol Corp	2285 shares Common Stock	129,651	200,623
	Apple Inc	1664 shares Common Stock	75,101	281,599
	Mastercard Inc Class A	1901 shares Common Stock	167,321	287,735
	Microsoft Corp	1723 shares Common Stock	59,343	147,385
	Microchip Technology	2369 shares Common Stock	205,333	208,188
	Paypal Holdings	4201 shares Common Stock	186,065	309,278
	Splunk Inc.	2903 shares Common Stock	154,785	240,485
	Texas Instruments Inc	2382 shares Common Stock	131,588	248,776
	Broadcom Ltd.	1039 shares Common Stock	133,028	266,919
	DowDupont Inc.	2858 shares Common Stock	136,331	203,547
	PPG Industries Inc.	1753 shares Common Stock	162,164	204,785
	T-Mobile US Inc.	3318 shares Common Stock	212,635	210,726
	Verizon Communications	4625 shares Common Stock	<u>229,122</u>	<u>244,801</u>
	Total Equities		7,325,366	10,455,238
	Federated Total Return Bond Fund	10962.891 shares Mutual Fund	119,552	119,496
	Fidelity Floating Rate High Income Fund	4510.117 shares Mutual Fund	43,479	43,387
	Fidelity Strategic Income Fund	15581.758 shares Mutual Fund	172,509	172,178
	Metropolitan West Total Return Bond Fund	10186.13 shares Mutual Fund	108,581	108,584
	Vanguard S/T Invest Gr-Adm	9175.864 shares Mutual Fund	97,864	97,539

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

Name of Plan: Reynolds Memorial Hospital Retirement Plan

► Reynolds Memorial Hospital, Inc.

Employer Identification Number: ► 55-0357045

For plan year (beginning/ending): ► January 1, 2017 to December 31, 2017 Plan number: ► 002

Westmark Government Bond Fund	55398.502 shares Mutual Fund	544,887	541,243
Artisan Intl Fund #661	6734.849 shares Mutual Fund	202,356	224,473
Brown Capital Management Small Co. Fund	2701.436 shares Mutual Fund	258,149	241,130
Federated Intl Leaders Fund	12085.396 shares Mutual Fund	417,456	452,236
Oakmark Intl Fund #109	7972.151 shares Mutual Fund	208,929	227,764
I Shares Russell Midcap Growth Index	3696 shares Mutual Fund	362,824	445,885
I Shares Russell 2000 Growth Index	1389 shares Mutual Fund	155,499	259,326
T Rowe Price Inst. Emerging Mkts Equity	5929.945 shares Mutual Fund	179,764	243,602
Primecap Odyssey Aggressive Growth	6205.232 shares Mutual Fund	221,193	275,078
T Rowe Price New Horizons #42	9204.89 shares Mutual Fund	435,743	483,901
Templeton Emerging Mkts Sm/Cap #626	16184.654 shares Mutual Fund	210,578	246,978
Victory Sycamore Established Value Fund	9336.471 shares Mutual Fund	<u>385,503</u>	<u>378,967</u>
Total Mutual Funds		4,124,865	4,561,769
TOTAL INVESTMENTS		17,909,075	21,518,084