

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide 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)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>C&O EMPLOYEES' HOSPITAL ASSOCIATION</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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>C & O EMPLOYEES HOSPITAL ASSOCIATION</u></p> <p><u>MICHELLE HOKE</u> <u>427 E RIDGEWAY ST</u> <u>CLIFTON FORGE, VA 24422</u></p>	<p>1c Effective date of plan <u>12/31/1970</u></p> <p>2b Employer Identification Number (EIN) <u>23-7082348</u></p> <p>2c Plan Sponsor's telephone number <u>540-862-5728</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

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.	07/23/2025	MICHELLE HOKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2025	MICHELLE HOKE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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 c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1496
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	
	6a(2)	0
	6b	1415
	6c	0
	6d	1415
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan C&O EMPLOYEES' HOSPITAL ASSOCIATION	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 C & O EMPLOYEES HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 23-7082348	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

MICHELLE M. HOKE

303 DUSTYS ROAD
COVINGTON, VA 24426

(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?
14	PLAN ADMINISTRATOR	101536	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

JULIE N. TAYLOR

951 GAME TRAIL WAY
CLIFTON FORGE, VA 24422

(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?
30	EMPLOYEE	49819	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

RSUI INDEMNITY COMPANY

945 PACES FERRY ROAD
ATLANTA, GA 30326-1160

16-0366830

(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?
23	INSURANCE PROVIDER	33420	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

RODNEY NICELY

200 MEADOWDALE ROAD
CLIFTON FORGE, VA 24422

(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?
30	EMPLOYEE	49654	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

FIRST COMMUNITY BANK TRUST

211 FEDERAL ST
BLUEFIELD, WV 24701

55-0118830

(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?
51	INVESTMENT MANAGEMENT	17972	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

FORVIS MAZARS, LLP

500 VIRGINIA ST E STE 800
CHARLESTON, WV 25301

44-0160260

(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?
	ACCOUNTING/AUDITING	27562	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BRANDI VIA

121 MAPLE LN
COVINGTON, VA 24426

(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?
30	EMPLOYEE	58864	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

KAREN P. CASH

576 E GRAY ST
COVINGTON, VA 24426

(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?
30	EMPLOYEE	49654	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan C&O EMPLOYEES' HOSPITAL ASSOCIATION	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 C & O EMPLOYEES HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 23-7082348

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	150	150
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1227080	1308863
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	432694	174615
(2) U.S. Government securities	1c(2)	815251	995016
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	702434	760052
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3284716	3340429
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	143664	95702
f Total assets (add all amounts in lines 1a through 1e).....	1f	6605989	6674827
Liabilities			
g Benefit claims payable.....	1g	1013972	1259112
h Operating payables.....	1h	225656	81818
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	43245	33107
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1282873	1374037
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5323116	5300790

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)	6000	
(B) Participants.....	2a(1)(B)	1743028	
(C) Others (including rollovers).....	2a(1)(C)	4850933	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6599961
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	20712	
(B) U.S. Government securities.....	2b(1)(B)	24873	
(C) Corporate debt instruments.....	2b(1)(C)	21484	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		67069
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	56821	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4603	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		61424
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	905872	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	808059	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		97813
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	414604	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7240871

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6418135	
(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)		6418135
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		48
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	30312	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	18291	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	796411	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		845014
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7263197

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-22326
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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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	
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		1000000
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.			

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

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

C and O Employees' Hospital Association Plan

EIN 23-7082348 PN 501

**Independent Auditor's Report, Financial Statements,
and Supplementary Information**

December 31, 2024 and 2023

C and O Employees' Hospital Association Plan
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December 31, 2024 and 2023

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Independent Auditor's Report

Board of Directors
C and O Employees' Hospital Association
Clifton Forge, Virginia

Opinion

We have audited the financial statements of C and O Employees' Hospital Association Plan (Plan or Association), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its benefit obligations and net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Program and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

Charleston, West Virginia
May 29, 2025

Federal Employer Identification Number 44-0160260

C and O Employees' Hospital Association Plan
Statements of Benefit Obligations and Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS		
Claims Incurred But Not Reported	\$ 550,000	\$ 600,000
Total Benefit Obligations	<u>550,000</u>	<u>600,000</u>
NET ASSETS AVAILABLE FOR BENEFITS ASSETS		
Investments, at Fair Value		
U.S. Government & Agency obligations	995,016	815,251
Corporate Bonds & Notes	760,052	702,434
Exchange Traded Funds	209,386	191,732
Foreign Equities	66,613	-
Mutual Funds	98,967	87,067
Common Stocks	2,965,463	3,005,918
Cash equivalents	20,311	210,643
	<u>5,115,808</u>	<u>5,013,045</u>
Receivables		
CMS receivables	98,446	116,416
Providers refunds	1,196,876	1,098,555
Accrued interest	13,540	12,108
	<u>1,308,862</u>	<u>1,227,079</u>
Prepaid Expenses	32,625	32,834
Furniture, equipment and leasehold improvements, net	21,392	53,048
Right of use assets - operating lease	40,907	54,206
Right of use assets - finance lease	777	5,436
Cash	<u>154,454</u>	<u>222,201</u>
Total Assets	<u>6,674,825</u>	<u>6,607,849</u>
LIABILITIES		
Operating Lease Liabilities	40,762	54,013
Finance Lease Liabilities	792	5,503
Advance Payments From Members	33,107	43,245
Accounts Payable and Accrued Expenses	749,374	581,972
Total Liabilities	<u>824,035</u>	<u>684,733</u>
Net Assets Available for Benefits	<u>5,850,790</u>	<u>5,923,116</u>
Excess of Net Assets Available for Benefits Over Benefit Obligations	<u>\$ 5,300,790</u>	<u>\$ 5,323,116</u>

C and O Employees' Hospital Association Plan
Statement of Changes in Benefit Obligations and Net Assets Available for Benefits
Year Ended December 31, 2024

Change in benefit obligations:	
Decrease in claims incurred but not reported	\$ (50,000)
Additions to Net Assets Attributable to	
Contributions	
Sponsor	6,000
Participants	4,850,932
Total Contributions	<u>4,856,932</u>
Investment income	
Interest	128,445
Net appreciation in fair value of investments	512,417
	<u>640,862</u>
Less investment expenses	<u>18,292</u>
Net Investment Income	<u>622,570</u>
Administrative and other income	
Health Care Financing Administration	465,272
Medicare Part D Income	1,277,757
Total Additions	<u>7,222,531</u>
Deductions From Net Assets Attributable to	
Benefits for claims, net of rebates	6,468,135
Salaries, wages and payroll taxes	546,895
Administrative expenses	221,854
Depreciation and amortization	41,529
Rent expense	16,444
Total Deductions	<u>7,294,857</u>
Net Change in Net Assets Available for Benefits	<u>\$ (72,326)</u>
Change in Excess of Net Assets Available for Benefits Over Benefit Obligations	\$ (22,326)
Excess of Net Assets Available for Benefits Over Benefit Obligations	
Beginning of year	<u>5,323,116</u>
End of year	<u>\$ 5,300,790</u>

C and O Employees' Hospital Association Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Plan Description

The following description of the C and O Employees' Hospital Association (Association) Plan (Plan) provides only general information. Members should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is an employee welfare benefit plan providing certain hospital, medical and major medical protection to sick and injured members. Substantially all of the members are past employees of the Chesapeake and Ohio Railway Company or CSX Transportation employed within the territory described in Article I, Section A of the Rules and Regulations.

The Plan only allows members who are enrolled in Medicare. Under this arrangement the Plan acts in a primary or secondary capacity depending on the situation and their arrangement with the Center for Medicare and Medicaid Services (CMS).

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Contributions are made by members and the Center for Medicare and Medicaid Services (CMS). Members' contributions are determined by the Board of Directors. CMS contributions are determined by the contract discussed under Note 12.

Benefits

The Plan provides certain hospital, medical, and major medical protection to sick and injured members. Benefits payable by the Association are paid out of its general assets directly to the hospital, physician or service provider or in some cases, by refund to a covered beneficiary who has paid for the services.

Note 2. Nature of Activities and Significant Accounting Policies

Nature of Activities

C and O Employees' Hospital Association is a non-stock non-profit corporation incorporated under the laws of the Commonwealth of Virginia to provide certain medical benefits to members. Benefits are generally provided within the territory including Virginia, West Virginia, Ohio, Indiana and eastern Kentucky. The Association is exempt from income taxes under Section 501(c)(9) of the Internal Revenue Code.

Summary of Significant Accounting Policies

Financial statements are prepared on the accrual basis and include amounts due to and payable by the Association as well as all cash transactions.

Cash and Cash Equivalents

The Association maintains amounts due from banks that, at times, may exceed federally insured limits. The Association has not experienced any losses in such accounts.

Currently, the Association's depository institution is Primis Bank of Clifton Forge, Virginia and First Community Bank in Bluefield, West Virginia.

C and O Employees' Hospital Association Plan
Notes to Financial Statements
December 31, 2024 and 2023

Cash equivalents are primarily highly liquid debt instruments purchased with a maturity of three months or less.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

For purposes of investment of contributions income, the Association engages First Community Bank's Trust Department as manager and custodian of securities.

Contributions Receivable

Contributions receivable are stated at cost less allowance for credit losses. The allowance for credit losses account is maintained at a level considered adequate to provide for losses that can be reasonably anticipated. No allowance for credit loss was deemed necessary at December 31, 2024 and 2023.

Furniture, Equipment and Leasehold Improvements

Furniture, equipment and leasehold improvements are stated at cost less accumulated depreciation and amortization. Depreciation of furniture and equipment and amortization of leasehold improvements is computed by the straight-line method based on the following estimated useful lives:

	<u>Years</u>
Furniture and equipment	5 – 20
Leasehold improvements	remaining lease term

Advance Payments from Members

Membership dues from retired members are received in advance of coverage dates. Such amounts are deferred and recognized as revenue over the covered periods.

Claims Incurred but not Reported

Plan obligations at December 31 for medical claims incurred by members but not reported at that date are estimated, based on past experience. Such estimated amounts are reported in the accompanying statements of benefit obligations and net assets available for benefits at present value. Management believes that the reserve is adequate to cover the ultimate liability. However, the estimate may be more or less than the amount ultimately paid.

Contributions Income

Contributions income is reported on an accrual basis in the period for which coverage is provided by the Association.

Medical Care Benefits

Association members' medical care benefits are accrued in the period during which the Association incurs liability for payment.

C and O Employees' Hospital Association Plan
Notes to Financial Statements
December 31, 2024 and 2023

Prescription and Medicare Coverage Gap Coverage Refunds

Prescription refunds and Medicare coverage gap coverage refunds are recorded when earned. Prescription refunds and Medicare coverage gap coverage refunds due as of the financial statement date are reported as a receivable, with the offset being netted against claims paid. Prescription refunds and Medicare coverage gap coverage refunds of \$1,656,825 and \$862,807, respectively, for the year ended December 31, 2024, have been netted against benefits for claims expense.

Estimates

Certain estimates and assumptions are required by management in the preparation of financial statements. Actual results could differ significantly from those estimates. The most significant estimate and assumption that affect the reporting of amounts in benefit obligations, assets and liabilities at date of the financial statements and the additions and deductions for the year are those required in the determination of medical claims incurred but not reported. Management's judgment regarding the estimate for claims incurred but not reported is based on its knowledge and experience about past and current events and assumptions about conditions it expects to exist and courses of action expected to be taken.

Leases

The Association determines if an arrangement is a lease or contains a lease at inception. Leases result in the recognition of right-of-use (ROU) assets and lease liabilities on the Statement of Benefit Obligations and Net Assets Available for Benefits. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Association determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. The Association uses the implicit rate when readily determinable. As most of the leases do not provide an implicit rate, the Association has made a policy election to use a risk-free rate (the rate of a zero-coupon U.S. Treasury instrument) for the initial and subsequent measurement of all lease liabilities. The risk free rate is determined using a period comparable with the lease term.

The lease term may include options to extend or to terminate the lease that the Association is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term. The Association has elected to combine lease and non-lease components.

The Association has elected not to record leases with an initial term of 12 months or less on the Statement of Benefit Obligations and Net Assets Available for Benefits. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Subsequent Events

Subsequent events were evaluated through May 29, 2025, which is the date the financial statements were available to be issued.

C and O Employees' Hospital Association Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of benefit obligations and net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used only when Level 1 inputs are not available. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Level 1 The fair values of common stocks, mutual funds, exchange traded funds, foreign equities, and certain corporate bonds and notes are based on quoted market prices from active markets.

Level 2 The fair values of U.S. government & agency securities and certain corporate bonds and notes are based on yields currently available on comparable securities of issuers with similar credit ratings.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government & Agency obligations	\$ -	\$ 995,016	\$ -	\$ 995,016
Corporate bonds & notes	760,052	-	-	760,052
Exchange traded funds (ETFs)	209,386	-	-	209,386
Foreign equities	66,613	-	-	66,613
Mutual funds	98,967	-	-	98,967
Common stocks	<u>2,965,463</u>	<u>-</u>	<u>-</u>	<u>2,965,463</u>
Total investments at fair value	<u>\$ 4,100,481</u>	<u>\$ 995,016</u>	<u>\$ -</u>	<u>\$ 5,095,497</u>

	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government & Agency obligations	\$ -	\$ 815,251	\$ -	\$ 815,251
Corporate bonds & notes	702,434	-	-	702,434
Exchange traded funds (ETFs)	191,732	-	-	191,732
Mutual funds	87,067	-	-	87,067
Common stocks	<u>3,005,918</u>	<u>-</u>	<u>-</u>	<u>3,005,918</u>
Total investments at fair value	<u>\$ 3,987,151</u>	<u>\$ 815,251</u>	<u>\$ -</u>	<u>\$ 4,802,402</u>

C and O Employees' Hospital Association Plan
Notes to Financial Statements
December 31, 2024 and 2023

Cash equivalents of \$20,311 and \$210,643 as of December 31, 2024 and 2023, respectively, are not presented in the above table.

Note 4. Furniture, Equipment and Leasehold Improvements

Furniture, equipment and leasehold improvements consist of the following as of December 31:

	<u>2024</u>	<u>2023</u>
Furniture and equipment	\$ 350,691	\$ 345,478
Leasehold improvements	<u>1,900</u>	<u>1,900</u>
	352,591	347,378
Accumulated depreciation and amortization	<u>(331,199)</u>	<u>(294,330)</u>
	<u>\$ 21,392</u>	<u>\$ 53,048</u>

Note 5. Leases

The Association is obligated by a lease agreement involving a copier, which meets the criteria of a finance lease. The Association also leases office space under the terms of an operating lease that expires in 2027. The Association has no material related-party leases. The Association's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

The following table presents operating lease-related assets and liabilities as of December 31:

	<u>2024</u>	<u>2023</u>
Operating lease		
Office space right-of-use asset	\$ 69,020	\$ 69,020
Amortization on right-of-use asset	<u>(28,113)</u>	<u>(14,814)</u>
Net property held under operating lease	<u>\$ 40,907</u>	<u>\$ 54,206</u>
Total operating lease liabilities	<u>\$ 40,762</u>	<u>\$ 54,013</u>

The following table presents finance lease-related assets and liabilities as of December 31:

	<u>2024</u>	<u>2023</u>
Finance lease		
Copier	\$ 13,979	\$ 13,979
Less accumulated depreciation	<u>(13,202)</u>	<u>(8,543)</u>
Net property held under finance lease	<u>\$ 777</u>	<u>\$ 5,436</u>
Total finance lease liabilities	<u>\$ 792</u>	<u>\$ 5,503</u>

C and O Employees' Hospital Association Plan
Notes to Financial Statements
December 31, 2024 and 2023

Additional lease cost and other information are as follows as of December 31:

	<u>2024</u>	<u>2023</u>
Lease cost		
Finance lease cost		
Amortization of right-of-use asset	\$ 4,659	\$ 4,660
Interest on lease liabilities	48	118
Operating lease cost	15,347	15,345
Short-term lease cost	<u>792</u>	<u>792</u>
Total lease cost	<u>\$ 20,846</u>	<u>\$ 20,915</u>
Other information		
Weighted-average remaining lease term – operating lease	2.83 years	3.84 years
Weighted-average remaining lease term – finance lease	0.16 years	1.16 years
Weighted-average discount rate – operating lease	4.27%	4.27%
Weighted-average discount rate – finance lease	1.47%	1.47%

Future minimum lease payments and reconciliation to the Statement of Benefit Obligations and Net Assets Available for Benefits at December 31, 2024 are as follows:

	<u>Operating</u>	<u>Finance</u>	<u>Total</u>
2025	\$ 15,300	\$ 794	\$ 16,094
2026	15,300	-	15,300
2027	<u>12,750</u>	<u>-</u>	<u>12,750</u>
Total future undiscounted lease payments	43,350	794	44,144
Less: interest	<u>(2,588)</u>	<u>(2)</u>	<u>2,590</u>
Lease liabilities	<u>\$ 40,762</u>	<u>\$ 792</u>	<u>\$ 41,554</u>

Note 6. Litigation

From time to time the Association is defendant in various lawsuits. In the opinion of management, these suits should not result in judgments that, in the aggregate, would have a material adverse effect on the financial statements.

Note 7. Related Party and Exempt Party-In-Interest Transactions

The Association has had, and may be expected to have in the future, transactions in the ordinary course of business with directors and officers (commonly referred to as related parties), all of which have been, in the opinion of management, on the same terms as those transactions with others. For the year ended December 31, 2024, the Association collected \$12,000 in contributions from related parties and paid claims of \$40,521 on their behalf.

The Plan holds investments in cash and cash equivalents funds managed by the custodian of the Plan. Fees paid by the Plan to the custodian for investment management services were \$18,292 for the year ended December 31, 2024. These transactions qualify as party-in-interest transactions.

C and O Employees' Hospital Association Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 8. Plan Termination

Although it has not expressed any intent of doing so, the Plan may be terminated by C and O Employees' Hospital Association at any time subject to the provisions set forth in ERISA.

Note 9. Retirement Plan and Contingency

The Association contributes to the Railroad Retirement Board multi-employer retirement plan. The plan provides defined benefits to all Association employees. Contributions, which are based on wages paid and number of hours worked by the employees, totaled \$64,782 for the year ended December 31, 2024.

Government regulations impose certain requirements relative to multi-employer plans. In the event of plan termination or employer withdrawal, an employer may be liable for a portion of the plan's unfunded vested benefits. The Association has not received information from the plan's administrators to determine its share of unfunded vested benefits. The Association does not anticipate withdrawal from the plan, nor is the Association aware of any expected plan termination.

Note 10. Tax Status

The trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and, accordingly, the Trust's net investment income is exempt from income taxes. The Sponsor has obtained a favorable tax determination letter from the Internal Revenue Service and the Sponsor believes that the trust continues to qualify and to operate as designed.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

Note 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Form 5500.

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 5,850,790	\$ 5,923,116
Benefit obligations	<u>(550,000)</u>	<u>(600,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 5,300,790</u>	<u>\$ 5,323,116</u>

C and O Employees' Hospital Association Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following is a reconciliation of net change in net assets available for benefits per the financial statements to the net income per the Form 5500 for the year ended December 31, 2024.

Net change in net assets available for benefits	\$ (72,326)
Less: Benefit obligations at end of year	(550,000)
Add: Benefit obligations at beginning of year	<u>600,000</u>
Net loss per the Form 5500	<u>\$ (22,326)</u>

Note 12. Third-Party Payor

The Association has entered into a contract dated February 25, 1999, with the Center for Medicare and Medicaid Services (CMS). Under the terms of the contract, the Association will be paid reasonable costs of furnishing medical and other health services for members who are entitled to benefits under part B of the Medicare program. It is the opinion of management that this contract will not have a material effect on future assets available for benefits.

The Association terminated the risk contract with the Center for Medicare and Medicaid Services (CMS) involving the Voluntary Medicare Prescription Drug Plan under part D of the Medicare program as of December 31, 2017. The Association then entered into a contract with Navitus to handle the CMS Part D Prescription Drug Program. Under this contract, Navitus is subject to the rules and regulations of the Part D plan. Navitus enrolls the Plan's members in their established Employer Group Waiver Plan and are paid directly by CMS. Navitus then forwards those funds to the Association while the Association pays Navitus a per member per month (PMPM) fee for handling those services.

The Association is also involved in various other contracts and agreements with numerous organizations and companies to furnish medical, other health services, and prescription drugs at a reduced or most reasonable cost available to its members.

Note 13. Risks and Uncertainties

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 the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which is subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Supplementary Information

C and O Employees' Hospital Association Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 23-7082348 PN 501
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Value
Cash Equivalents				
*	First Community Bank Trust	Cash	\$ 3,493	\$ 3,493
	Federated Hermes	Government Obligations Fund #005 Income	16,398	16,398
	Federated Hermes	Government Obligations Fund #005 Principal	420	420
Total Cash and Equivalents			20,311	20,311
U.S. Government and Agency Obligations				
	UNITED STATES TREAS NTS	50,000 units, maturity date 01/31/2025, rate of interest 4.125%	50,007	49,989
	Federal Home Loan Bank	100,000 units, Non-Callable Bank Notes, maturity date 02/03/2025, rate of interest 4.30%	100,488	99,972
	Federal Home Loan Bank	50,000 units, Non-Callable Bank Notes, maturity date 02/28/2025, rate of interest 5.00%	50,193	50,048
	Federal Farm Credit Bank	150,000 units, Non-Callable Bank Notes, maturity date 10/15/2027, rate of interest 1.75%	150,678	139,629
	Federal Farm Credit Bank	35,000 units, Non-Callable Bank Notes, maturity date 12/18/2025, rate of interest 1.82%	34,898	34,215
	Federal Farm Credit Bank	150,000 units, Non-Callable Bank Notes, maturity date 04/28/2026, rate of interest 4.00%	150,717	149,574
	Federal Home Loan Bank	35,000 units, Non-Callable Bank Notes, maturity date 04/09/2027, rate of interest 4.75%	36,162	35,487
	Federal Farm Credit Bank	50,000 units, Non-Callable Bank Notes, maturity date 06/09/2028, rate of interest 4.50%	50,056	50,187
	Federal Home Loan Bank	35,000 units, Non-Callable Bank Notes, maturity date 06/30/2028, rate of interest 4.00%	35,725	34,675
	Federal Home Loan Bank	50,000 units, Non-Callable Bank Notes, maturity date 12/13/2030, rate of interest 4.75%	50,677	50,460
	Federal Home Loan Bank	170,000 units, Non-Callable Bank Notes, maturity date 12/12/2031, rate of interest 4.375%	170,298	167,526
	Tennessee Valley Authority	135,000 units, maturity date 05/15/2025, rate of interest 0.75%	137,229	133,254
Total U.S. Government and Agency Obligations			1,017,128	995,016
Corporate Bonds and Notes				
	3M Company	100,000 units, maturity date 02/14/2025, rate of interest 2.00%, Call 1/14/2025 @ \$100	100,004	99,662
	Amazon Com Inc.	170,000 units, maturity date 12/01/2029, rate of interest 4.65%	170,679	171,124
	Boeing Co.	100,000 units, maturity date 06/15/2026, rate of interest 2.25%	101,809	96,054
	Bristol-Myers Squibb Co.	100,000 units, maturity date 11/13/2027, rate of interest 1.125%	98,701	91,053
	META Platforms Inc.	130,000 units, maturity date 08/15/2029, rate of interest 4.30%	132,310	128,401
	UnitedHealth Group Inc.	40,000 units, maturity date 02/15/2028, rate of interest 5.25%	40,643	40,623
	Toyota Motor Credit Corp.	20,000 units, maturity date 01/09/2026, rate of interest 0.80%	19,805	19,271
	Truist Financial Corp.	125,000 units, maturity date 08/03/2027, rate of interest 1.125%	125,067	113,864
Total Corporate Bonds and Notes			789,018	760,052
Mutual Funds				
	Vanguard	Dividend Growth Fund #57	20,667	31,520
	Vanguard	500 Index Admiral Fund	24,902	67,447
Total Mutual Funds			45,569	98,967
Common Stocks				
	AT&T Inc.	1,000 shares	27,731	22,770
	Abbott Labs	200 shares	16,664	22,622
	Abbvie Inc.	565 shares	37,180	100,401
	Alphabet Inc. Class A	580 shares	24,683	109,794
	Amazon.com, Inc.	680 shares	29,829	149,185
	American Express Co	435 shares	40,586	129,104
	Apple Inc.	767 shares	22,634	192,072
	Bank New York Mellon Corp	425 shares	20,064	32,653
	Berkshire Hathaway Inc. New Common Stock	265 shares	42,881	120,119
	Biogen Inc.	45 shares	12,212	6,881
	Blackrock Inc.	15 shares	10,632	15,377
	Boeing Co	270 shares	41,248	47,790
	Bristol-Myers Squibb Co	460 shares	25,536	26,018
	Carnival Corp Paired CTF	470 shares	24,960	11,712
	Caterpillar Inc.	185 shares	18,335	67,111
	Chevron Corp New Common Stock	345 shares	42,244	49,970
	Citigroup Inc.	625 shares	37,828	43,994
	Coca Cola Co	840 shares	35,059	52,298
	Comcast Corp New Class A	570 shares	20,173	21,392
	Costco WHSL Corp New Com	20 shares	10,563	18,325
	Disney Walt Co	100 shares	14,754	11,135

C and O Employees' Hospital Association Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 23-7082348 PN 501
December 31, 2024

(Continued)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Value
	Duke Energy Corp New Common Stock	200 shares	\$ 17,349	\$ 21,548
	EOG Res Inc.	100 shares	11,409	12,258
	Exxon Mobil Corp	565 shares	48,335	60,777
	FedEx Corp	195 shares	36,944	54,859
	General Dynamics Corp	300 shares	57,467	79,047
	Home Depot Inc.	103 shares	13,938	40,066
	Intel Corp	1,020 shares	37,219	20,451
	Intercontinental Exchange	45 shares	5,063	6,705
	International Business Machines	90 shares	14,264	19,785
	JP Morgan Chase & Co	304 shares	30,921	72,872
	Johnson & Johnson	125 shares	14,063	18,078
	Eli Lilly & Co	181 shares	14,397	139,732
	Lockheed Martin Corp	155 shares	44,622	75,321
	Lowes Cos Inc.	400 shares	31,911	98,720
	Mastercard Inc Class A	269 shares	31,573	141,647
	Mckesson Corp	105 shares	14,874	59,841
	Metlife Inc.	180 shares	8,663	14,738
	Microsoft Corp	392 shares	24,591	165,228
	Microchip Tech Inc.	310 shares	10,033	17,778
	Mondelez Int Inc.	220 shares	9,871	13,141
	Nike Inc Class B	455 shares	24,470	34,430
	Norfolk Southern Corp	320 shares	36,969	75,104
	Pepsico Inc.	95 shares	17,754	14,446
	Pfizer Inc.	470 shares	13,866	12,469
	Phillip Morris Intl Inc	215 shares	19,628	25,875
	Proctor and Gamble Co	560 shares	42,374	93,884
	Qualcom Inc.	175 shares	11,366	26,883
	Schlumberger LTD	260 shares	12,545	9,968
	Schwab (Charles) Corp	615 shares	24,511	45,516
	Starbucks Corp	350 shares	20,089	31,937
	Travelers Companies Inc.	310 shares	37,099	74,676
	Truist Financial Corp	660 shares	35,015	28,631
	Verizon Communications Inc.	310 shares	16,612	12,397
	Visa Ord Shs Class A	300 shares	28,854	94,812
	Walgreens Boots Alliance	120 shares	10,062	1,120
	Total Common Stocks		<u>1,384,517</u>	<u>2,965,463</u>
	Exchange Traded Funds			
	iShares	TR Index MSCI EAFE Index Fund	50,266	52,927
	iShares	Russell Midcap Fund	64,617	107,848
	iShares	S&P Russell 2000 Index Fund	35,123	48,611
	Total Exchange Traded Funds		<u>150,006</u>	<u>209,386</u>
	Foreign Equities			
	Astrazeneca PLC	318 shares	16,403	20,836
	BP PLC Sponsored ADR	300 shares	11,630	8,868
	Roche HLDG LTD	300 shares	11,445	10,464
	Royal Dutch SHLL PLV	200 shares	11,798	12,530
	SUNCOR Energy Inc.	390 shares	11,818	13,915
	Total Foreign Equities		<u>63,094</u>	<u>66,613</u>
	Total Assets (Held at End of Year)		<u>\$ 3,469,643</u>	<u>\$ 5,115,808</u>

* Indicates party-in-interest.

Federal Statements
C&O EMPLOYEES' HOSPITAL ASSOCIATION
Plan: 501

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	CASH EQUIVALENT	FCB BANK TRUST CASH	\$ 3,493	\$ 3,493
	CASH EQUIVALENT	GOV'T OBL FD #5 INC	16,398	16,398
	CASH EQUIVALENT	GOV'T OBL FD #5 PRIN	420	420
	US GOV'T & AGENCY	4.125% US TREA NOTES	50,007	49,989
	US GOV'T & AGENCY	4.30% FHLB NOTES	100,488	99,972
	US GOV'T & AGENCY	5.00% FHLB NOTES	50,193	50,048
	US GOV'T & AGENCY	4.00% FHLB NOTES	35,725	34,675
	US GOV'T & AGENCY	4.75% FHLB NOTES	50,677	50,460
	US GOV'T & AGENCY	4.75% FHLB NOTES	36,162	35,487
	US GOV'T & AGENCY	4.50% FHLB NOTES	50,056	50,187
	US GOV'T & AGENCY	4.375% FHLB NOTES	170,298	167,526
	US GOV'T & AGENCY	1.75% FFCB NOTES	150,678	139,629
	US GOV'T & AGENCY	1.820% FFCB NOTES	34,898	34,215
	US GOV'T & AGENCY	4.00% FFCB NOTES	150,717	149,574
	US GOV'T & AGENCY	0.750% TENN VAL AUTH	137,229	133,254
	CORPORATE BONDS	AMAZON COM 4.65%	170,679	171,124
	CORPORATE BONDS	BOEING CO. 2.250%	101,809	96,054
	CORPORATE BONDS	BRISTOL-MYERS 1.125%	98,701	91,503
	CORPORATE BONDS	META PLATFORM 4.30%	132,310	128,401
	CORPORATE BONDS	3M COMPANY 2.00%	100,004	99,662
	CORPORATE BONDS	TOYOTA MOT CO 0.800%	19,805	19,271
	CORPORATE BONDS	TRUIST FINANC 1.125%	125,067	113,864
	CORPORATE BONDS	UNITEDHEALTH 5.25%	40,643	40,624
	MUTUAL FUNDS	VANGUARD GR FD #57	20,666	31,520
	MUTUAL FUNDS	VANGUARD 500 IND FD	24,902	67,447
	COMMON STOCK	AT&T Inc Com	27,731	22,770
	COMMON STOCK	Abbott Labs Com	16,664	22,622
	COMMON STOCK	Abbvie Inc Com	37,180	100,401
	COMMON STOCK	Alphabet Inc Usd	24,683	109,794
	COMMON STOCK	Amazon.com Inc	29,829	149,185
	COMMON STOCK	American Express	40,586	129,104
	COMMON STOCK	Apple Inc Com	22,634	192,072
	COMMON STOCK	Astrazeneca PLC	16,403	20,835
	COMMON STOCK	BP PLC Sponsored	11,630	8,868
	COMMON STOCK	Bank New York Mel	20,064	32,653
	COMMON STOCK	Berkshire Hathawa	42,881	120,119
	COMMON STOCK	Biogen Inc Com	12,212	6,881
	COMMON STOCK	Blackrock Inc Com	10,632	15,377
	COMMON STOCK	Boeing Co Com	41,248	47,790
	COMMON STOCK	Bristol Myers Squ	25,536	26,018
	COMMON STOCK	Carnival Corp Pai	24,960	11,712
	COMMON STOCK	Caterpillar Inc D	18,335	67,111
	COMMON STOCK	Chevron Corp New	42,244	49,970
	COMMON STOCK	Citigroup Inc Com	37,828	43,994
	COMMON STOCK	Coca Cola Co Com	35,059	52,298
	COMMON STOCK	Comcast Corp New	20,173	21,392
	COMMON STOCK	Costco Whsl Corp New	10,563	18,325
	COMMON STOCK	Disney Walt Co Co	14,754	11,135
	COMMON STOCK	Duke Energy Corp	17,349	21,548
	COMMON STOCK	EOG Res Inc Com	11,409	12,258
	COMMON STOCK	Exxon Mobil Corp	48,335	60,777
	COMMON STOCK	Fedex Corp Com	36,944	54,859
	COMMON STOCK	General Dynamics	57,467	79,047

Federal Statements
C&O EMPLOYEES' HOSPITAL ASSOCIATION
Plan: 501

Assets Held for Investment (continued)

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	COMMON STOCK	Home Depot Inc Co	\$ 13,938	\$ 40,066
	COMMON STOCK	Intel Corp Com	37,219	20,451
	COMMON STOCK	Intercontinental Exc	5,063	6,705
	COMMON STOCK	International Bus Ma	14,264	19,785
	COMMON STOCK	JP Morgan Chase & Co	30,921	72,872
	COMMON STOCK	Johnson & Johnson	14,063	18,077
	COMMON STOCK	Eli Lilly & Co Co	14,397	139,732
	COMMON STOCK	Lockheed Martin Corp	44,622	75,321
	COMMON STOCK	Lowe's Cos Inc Com	31,911	98,720
	COMMON STOCK	Mastercard Inc Cl A	31,573	141,647
	COMMON STOCK	Mckesson Corp Com	14,874	59,841
	COMMON STOCK	Metlife Inc Com	8,663	14,738
	COMMON STOCK	Microsoft Corp Co	24,591	165,228
	COMMON STOCK	Microchip Tech Inc	10,033	17,778
	COMMON STOCK	Mondelez Int Inc	9,871	13,141
	COMMON STOCK	Nike Inc Cl B	24,470	34,430
	COMMON STOCK	Norfolk Southern	36,969	75,104
	COMMON STOCK	Pepsico Inc Com	17,754	14,446
	COMMON STOCK	Pfizer Inc Com	13,866	12,469
	COMMON STOCK	Phillip Morris Intl	19,628	25,875
	COMMON STOCK	Proctor and Gamble	42,374	93,884
	COMMON STOCK	Qualcom Inc Com	11,366	26,884
	COMMON STOCK	Roche Hldg LTD	11,445	10,464
	COMMON STOCK	Royal Dutch Shell	11,798	12,530
	COMMON STOCK	Schlumberger LTD Com	12,545	9,968
	COMMON STOCK	Schwab (Charles) Cor	24,511	45,516
	COMMON STOCK	Starbucks Corp Co	20,089	31,937
	COMMON STOCK	Suncor Energy Inc	11,818	13,915
	COMMON STOCK	Travelers Companies	37,099	74,676
	COMMON STOCK	Truist Financial Cor	35,015	28,631
	COMMON STOCK	Verizon Communica	16,612	12,397
	COMMON STOCK	Visa Ord Shs Clas	28,854	94,812
	COMMON STOCK	Walgreens Boots A	10,062	1,120
	EXCHANGE TRADED FUND	iShares MSCI EAFE	50,266	52,927
	EXCHANGE TRADED FUND	iShares Russell Mid	64,617	107,848
	EXCHANGE TRADED FUND	iShares S&P Russell	35,123	48,611