

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).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

- 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 [X] a DFE (specify) E
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

1a Name of plan CHAMBER BENEFIT ARRANGEMENT TRUST
1b Three-digit plan number (PN) 501
1c Effective date of plan
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) CHAMBER BENEFIT ARRANGEMENT TRUST 388 SOUTH MAIN STREET, SUITE 205 AKRON, OH 44311
2b Employer Identification Number (EIN) 82-5056803
2c Plan Sponsor's telephone number 330-237-1224
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 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:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 156092069

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan CHAMBER BENEFIT ARRANGEMENT TRUST		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CHAMBER BENEFIT ARRANGEMENT TRUST		D Employer Identification Number (EIN) 82-5056803

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SUMMA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
34-1809108	10345	0000	10365	09/01/2023	08/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions.....	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b	Benefit charges (1) Claims paid.....	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies.....	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves.....		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		7318810
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan CHAMBER BENEFIT ARRANGEMENT TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CHAMBER BENEFIT ARRANGEMENT TRUST	D Employer Identification Number (EIN) 82-5056803	

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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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)

APEX BENEFITS SERVICES, LLC

34-1961463

(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?
12	N/A	3865994	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)

CONSOLIPLEX CBA LLC

32-0580147

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 16	N/A	416260	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)

FORMFIRE

20-4039399

(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?
15	N/A	58320	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)

MALONEY + NOVOTNY LLC

34-0677006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16	N/A	35333	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)

NAVIA BENEFIT SOLUTIONS

91-1467758

(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?
38	N/A	33560	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)

OPTUM

41-1858498

(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?
11	N/A	8415	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)

PNC FINANCIAL SERVICES

25-1197336

(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?
28	N/A	6321	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"/>

(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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A Name of plan <u>CHAMBER BENEFIT ARRANGEMENT TRUST</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHAMBER BENEFIT ARRANGEMENT TRUST</u>	D Employer Identification Number (EIN) <u>82-5056803</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	10X ORTHOPEDICS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	10X ORTHOPEDICS	c EIN-PN 81-1706202-501
a	Plan name	1-2-3 GLUTEN FREE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	1-2-3 GLUTEN FREE INC	c EIN-PN 56-2460390-502
a	Plan name	14952 PROPERTY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	14952 PROPERTY LLC	c EIN-PN 27-1117177-501
a	Plan name	1ST CALL TILE & REMODEL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	1ST CALL TILE & REMODEL	c EIN-PN 82-3438894-501
a	Plan name	216 DIGITAL INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	216 DIGITAL INC	c EIN-PN 34-1904586-501
a	Plan name	409AI ENTERPRISES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	409AI ENTERPRISES INC	c EIN-PN 82-5407674-501
a	Plan name	4450 BELDEN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	4450 BELDEN LLC	c EIN-PN 84-4545395-501
a	Plan name	4-B WOOD SPECIALTIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	4-B WOOD SPECIALTIES INC	c EIN-PN 34-1214436-501
a	Plan name	620 EAST SMITH RD INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	620 EAST SMITH RD INC	c EIN-PN 34-1038114-501
a	Plan name	8791 FREEWAY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	8791 FREEWAY LLC	c EIN-PN 84-1924996-501
a	Plan name	9375 BROOKPARK RD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	9375 BROOKPARK RD	c EIN-PN 34-1951358-502
a	Plan name	A & J ELECTRIC LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A & J ELECTRIC LLC	c EIN-PN 87-1591031-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	A ALL COMFORT HVAC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A ALL COMFORT HVAC	c EIN-PN 20-5288646-501
a	Plan name	A BEST TERMITE & PEST CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A BEST TERMITE & PEST CO	c EIN-PN 34-1801828-502
a	Plan name	A G INDUSTRIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A G INDUSTRIES INC	c EIN-PN 34-1723273-501
a	Plan name	A GENTLE FAREWELL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A GENTLE FAREWELL LLC	c EIN-PN 82-4514561-501
a	Plan name	A M IMAGING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A M IMAGING LLC	c EIN-PN 85-2540886-501
a	Plan name	A NEW IMAGE LANDSCAPE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A NEW IMAGE LANDSCAPE	c EIN-PN 20-8991839-502
a	Plan name	A SIGN ABOVE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A SIGN ABOVE INC	c EIN-PN 34-1700137-501
a	Plan name	A&C WELDING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A&C WELDING INC	c EIN-PN 83-0441389-501
a	Plan name	A&M TOTAL RESTORATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A&M TOTAL RESTORATION	c EIN-PN 45-4622017-501
a	Plan name	A. CRANO EXCAVATING, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A. CRANO EXCAVATING, INC.	c EIN-PN 34-1325428-501
a	Plan name	A-1 GRINDING CORP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	A-1 GRINDING CORP	c EIN-PN 34-1045661-502
a	Plan name	AB DRAGONS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AB DRAGONS LLC	c EIN-PN 46-2752452-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ABF ROOFING & RESTORATION, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ABF ROOFING & RESTORATION, LLC	c EIN-PN 85-0631108-501
a	Plan name	ABIII CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ABIII	c EIN-PN 83-0724736-501
a	Plan name	ABOVE & BEYOND DOOR SYS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ABOVE & BEYOND DOOR SYS	c EIN-PN 20-1636802-501
a	Plan name	AC ELECTRIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AC ELECTRIC	c EIN-PN 27-3898727-501
a	Plan name	ACCELERATED FITNESS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ACCELERATED FITNESS LLC	c EIN-PN 82-3282674-501
a	Plan name	ACCESS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ACCESS INC	c EIN-PN 34-1395246-501
a	Plan name	ACCURATE AUTO GLASS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ACCURATE AUTO GLASS	c EIN-PN 30-0065825-501
a	Plan name	ACE BACKGROUND CHECK INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ACE BACKGROUND CHECK INC	c EIN-PN 30-0051731-502
a	Plan name	ACE HEATING & AIR CONDITIONING, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ACE HEATING & AIR CONDITIONING, INC.	c EIN-PN 34-1863584-501
a	Plan name	ACE LIGHTING SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ACE LIGHTING SERVICES	c EIN-PN 52-2381342-501
a	Plan name	ACE PRECISION INDUSTRIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ACE PRECISION INDUSTRIES	c EIN-PN 34-1137243-501
a	Plan name	ACTION AUTO BODY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ACTION AUTO BODY	c EIN-PN 86-3234377-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACTIV PHYSICAL THERAPY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ACTIV PHYSICAL THERAPY	c EIN-PN 20-5644547-501
a	Plan name	AD PISTON RING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AD PISTON RING LLC	c EIN-PN 47-4703724-501
a	Plan name	ADAM NICHOLAS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ADAM NICHOLAS LLC	c EIN-PN 46-5019074-501
a	Plan name	ADAMS FUNERAL HOME CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ADAMS FUNERAL HOME	c EIN-PN 34-1419668-501
a	Plan name	ADAPTIVE DRIVING ALLIANCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ADAPTIVE DRIVING ALLIANCE	c EIN-PN 06-1534645-501
a	Plan name	ADVANCED AIR DUCT SOL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ADVANCED AIR DUCT SOL	c EIN-PN 22-3898057-501
a	Plan name	ADVANCED HYDRAULIC SYSTEMS, INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ADVANCED HYDRAULIC SYSTEMS, INC	c EIN-PN 34-1470709-501
a	Plan name	ADVANCED PLASTICS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ADVANCED PLASTICS INC	c EIN-PN 34-1902627-501
a	Plan name	ADVANCED SURFACE TECHNOLOGIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ADVANCED SURFACE TECHNOLOGIES	c EIN-PN 20-0514187-503
a	Plan name	ADVANCED WINDOW SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ADVANCED WINDOW SERVICE	c EIN-PN 38-3705645-502
a	Plan name	ADVANTA CLEAN WEST SIDE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ADVANTA CLEAN WEST SIDE	c EIN-PN 83-2121508-501
a	Plan name	AG GROUP DBA AG CONSULTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AG GROUP DBA AG CONSULTING	c EIN-PN 34-1870709-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	AGENCY ASSOCIATES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AGENCY ASSOCIATES INC	c EIN-PN 46-0836802-502
a	Plan name	AGINS & GILMAN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AGINS & GILMAN LLC	c EIN-PN 46-3606896-501
a	Plan name	AGVANTAGE MARKETING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AGVANTAGE MARKETING INC	c EIN-PN 31-1683332-502
a	Plan name	AILES MILLWORK INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AILES MILLWORK INC	c EIN-PN 34-1913846-502
a	Plan name	AIRSHIP LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AIRSHIP LLC	c EIN-PN 47-2852144-501
a	Plan name	AKA ELECTRIC, INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AKA ELECTRIC, INC	c EIN-PN 20-4101177-501
a	Plan name	AKRON CHILDRENS MUSEUM CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AKRON CHILDRENS MUSEUM	c EIN-PN 46-3118462-501
a	Plan name	AKRON CNC TRAINING CTR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AKRON CNC TRAINING CTR	c EIN-PN 26-1272646-501
a	Plan name	AKRON DERMATOLOGY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AKRON DERMATOLOGY INC	c EIN-PN 34-1787891-502
a	Plan name	AKRON DISPERSIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AKRON DISPERSIONS	c EIN-PN 34-1016825-501
a	Plan name	AKRON ORAL SURGERY GRP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AKRON ORAL SURGERY GRP	c EIN-PN 34-1211931-501
a	Plan name	AKRON PLATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AKRON PLATING	c EIN-PN 47-0962964-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	AKRON POLYMER SYSTEMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AKRON POLYMER SYSTEMS	c EIN-PN 71-0924651-501
a	Plan name	ALAMEDA COMMUNICATIONS INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALAMEDA COMMUNICATIONS INC.	c EIN-PN 87-3975921-501
a	Plan name	ALAN MAIONE CONCRETE CONSTRUCTION, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALAN MAIONE CONCRETE CONSTRUCTION, LLC	c EIN-PN 83-4407345-501
a	Plan name	ALBRECHT TRUCKING CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALBRECHT TRUCKING CO	c EIN-PN 34-0801378-503
a	Plan name	ALEXANDER CONTRACTING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALEXANDER CONTRACTING LLC	c EIN-PN 85-0667042-503
a	Plan name	ALEXIS EXHIBITS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALEXIS EXHIBITS INC	c EIN-PN 20-1218479-502
a	Plan name	ALIVE PRODUCTIONS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALIVE PRODUCTIONS INC	c EIN-PN 34-1634894-501
a	Plan name	ALL IN ONE ELECTRIC LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALL IN ONE ELECTRIC LLC	c EIN-PN 83-4329399-501
a	Plan name	ALL SEASONS MAINTENANCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALL SEASONS MAINTENANCE	c EIN-PN 34-1098765-502
a	Plan name	ALL STAR POWER CLEANING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALL STAR POWER CLEANING	c EIN-PN 83-1322904-501
a	Plan name	ALLEN KEITH CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALLEN KEITH CONSTRUCTION	c EIN-PN 34-1205577-501
a	Plan name	ALLIANCE APPLIANCE CENTER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALLIANCE APPLIANCE CENTER	c EIN-PN 34-0971727-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ALLIED EQUIPMENT COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALLIED EQUIPMENT COMPANY	c EIN-PN 34-0858359-502
a	Plan name	ALLIED FIBER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALLIED FIBER	c EIN-PN 81-2883990-501
a	Plan name	ALLIED NURSE PRACTITION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALLIED NURSE PRACTITION	c EIN-PN 86-1350388-501
a	Plan name	ALLIED PAINTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALLIED PAINTING	c EIN-PN 27-7600564-501
a	Plan name	ALLPAC CORPORATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALLPAC CORPORATION	c EIN-PN 26-4561560-501
a	Plan name	ALLSTATE - JEAN OLDHAM CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALLSTATE - JEAN OLDHAM	c EIN-PN 20-1689655-501
a	Plan name	ALT MEDIA STUDIOS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALT MEDIA STUDIOS	c EIN-PN 39-2068063-501
a	Plan name	ALVORD INSURANCE AGENCY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALVORD INSURANCE AGENCY	c EIN-PN 84-3742516-501
a	Plan name	ALWAYS ANGLE, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ALWAYS ANGLE, INC.	c EIN-PN 47-2283864-501
a	Plan name	AMC ROOFING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AMC ROOFING	c EIN-PN 61-1674055-501
a	Plan name	AMER CUNNINGHAM CO LPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AMER CUNNINGHAM CO LPA	c EIN-PN 34-1091996-501
a	Plan name	AMERICAN ANALYTICAL LAB CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AMERICAN ANALYTICAL LAB	c EIN-PN 34-1455758-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMERICAN DIVERSIFIED DEVELOPMENTS, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AMERICAN DIVERSIFIED DEVELOPMENTS, INC.	c EIN-PN 34-1052578-501
a	Plan name	AMERICAN ELECTRIC LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AMERICAN ELECTRIC LLC	c EIN-PN 26-4025423-502
a	Plan name	AMERICAN TESTING TECH CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AMERICAN TESTING TECH	c EIN-PN 27-1888200-501
a	Plan name	AMERICAN WINDOW CLEANING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AMERICAN WINDOW CLEANING	c EIN-PN 34-1344190-501
a	Plan name	AMY GOODSON CO LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	AMY GOODSON CO LLC	c EIN-PN 03-0545631-502
a	Plan name	ANATOMICAL CONCEPTS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ANATOMICAL CONCEPTS INC	c EIN-PN 34-1639318-502
a	Plan name	ANDEEN HAGERLING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ANDEEN HAGERLING INC	c EIN-PN 34-1381062-502
a	Plan name	ANDERSON DRILLING & PUMP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ANDERSON DRILLING & PUMP	c EIN-PN 34-1205324-501
a	Plan name	ANDRAKO & ASSOCIATES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ANDRAKO & ASSOCIATES INC	c EIN-PN 34-1904290-502
a	Plan name	ANDREW C PEDERZOLLI M.D. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ANDREW C PEDERZOLLI M.D.	c EIN-PN 34-1805801-501
a	Plan name	ANDREW SPRUNGLE, CPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ANDREW SPRUNGLE, CPA	c EIN-PN 82-0634313-501
a	Plan name	ANNE MARIES FINE JEWELRY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ANNE MARIES FINE JEWELRY	c EIN-PN 20-4390457-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ANTHONY ROOFING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ANTHONY ROOFING	c EIN-PN 85-4059739-501
a	Plan name	ANYTIME TREE SERVICE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ANYTIME TREE SERVICE INC	c EIN-PN 82-4580133-501
a	Plan name	APK CONSTRUCTION & ROOF CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	APK CONSTRUCTION & ROOF	c EIN-PN 34-1868802-501
a	Plan name	APPALACHIAN OUTDOORS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	APPALACHIAN OUTDOORS LLC	c EIN-PN 20-5124803-502
a	Plan name	ARCHITECTURAL DESIGN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ARCHITECTURAL DESIGN	c EIN-PN 34-1704214-501
a	Plan name	ARMDAN ENTERPRISES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ARMDAN ENTERPRISES INC	c EIN-PN 34-1972781-501
a	Plan name	ARNOLD J EISENBERG INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ARNOLD J EISENBERG INC	c EIN-PN 34-1312766-501
a	Plan name	ARROWHEAD TALENT SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ARROWHEAD TALENT SOLUTIONS	c EIN-PN 82-4560181-501
a	Plan name	ART GRAF BUILDERS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ART GRAF BUILDERS	c EIN-PN 34-1781513-501
a	Plan name	ART OF THE ROOT LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ART OF THE ROOT LTD	c EIN-PN 46-4847790-502
a	Plan name	ART X LOVE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ART X LOVE LLC	c EIN-PN 47-5311893-501
a	Plan name	ARTISTS INCORPORATED CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ARTISTS INCORPORATED	c EIN-PN 34-0709536-502

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ASCEND REJUVNATE EDUCATE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ASCEND REJUVNATE EDUCATE	c EIN-PN 16-1758858-501
a	Plan name ASHLEY PIECHUTA FITNESS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ASHLEY PIECHUTA FITNESS	c EIN-PN 83-4595898-501
a	Plan name ASHWORTH HOME BUILDERS, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ASHWORTH HOME BUILDERS, LLC	c EIN-PN 26-0632552-501
a	Plan name ASPIRETEC INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ASPIRETEC INC	c EIN-PN 34-1972941-501
a	Plan name ATLAS ROOFING COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ATLAS ROOFING COMPANY	c EIN-PN 34-1567569-501
a	Plan name ATOM BLASTING & FINISH CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ATOM BLASTING & FINISH	c EIN-PN 34-1058450-502
a	Plan name AUSTIN PRIMARY CARE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor AUSTIN PRIMARY CARE LLC	c EIN-PN 26-2512407-501
a	Plan name AUSTIN TAPE & LABEL INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor AUSTIN TAPE & LABEL INC	c EIN-PN 34-1237803-501
a	Plan name AUTO DEALER DESIGNS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor AUTO DEALER DESIGNS	c EIN-PN 34-1622008-502
a	Plan name AUTOMOTIVE INDUSTRIAL SUPPLY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor AUTOMOTIVE INDUSTRIAL SUPPLY	c EIN-PN 34-0972681-502
a	Plan name AUTUMN LINE STUDIOS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor AUTUMN LINE STUDIOS LLC	c EIN-PN 27-4473384-502
a	Plan name AVISUN RENEWABLE ENERGY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor AVISUN RENEWABLE ENERGY	c EIN-PN 26-3481244-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	B FINANCIAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	B FINANCIAL LLC	c EIN-PN 81-5275515-501
a	Plan name	B&B OILFIELD SERVICE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	B&B OILFIELD SERVICE INC	c EIN-PN 34-1588350-501
a	Plan name	B&K FARM MARKET III LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	B&K FARM MARKET III LLC	c EIN-PN 81-1299472-501
a	Plan name	B.S. BONYO DO & ASSOCIATES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	B.S. BONYO DO & ASSOCIATES	c EIN-PN 20-0340547-501
a	Plan name	B2K SOLUTIONS LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	B2K SOLUTIONS LTD	c EIN-PN 46-2948659-501
a	Plan name	BAGHDY MEDICAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BAGHDY MEDICAL LLC	c EIN-PN 84-4602520-501
a	Plan name	BALANCE SHEET LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BALANCE SHEET LLC	c EIN-PN 83-1436259-502
a	Plan name	BALTZLY DENTAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BALTZLY DENTAL LLC	c EIN-PN 85-0943519-501
a	Plan name	BAM HEALTHY CUISINE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BAM HEALTHY CUISINE	c EIN-PN 20-4650878-501
a	Plan name	BANKS MFG COMPANY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BANKS MFG COMPANY INC	c EIN-PN 34-0805079-501
a	Plan name	BARAONAS BAKING CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BARAONAS BAKING CO	c EIN-PN 34-0859989-501
a	Plan name	BARON LAW LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BARON LAW LLC	c EIN-PN 47-5520703-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BARTLEY AND BOLIN INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BARTLEY AND BOLIN INC	c EIN-PN 34-1233766-501
a	Plan name BASELINE TECHNOLOGIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BASELINE TECHNOLOGIES	c EIN-PN 82-5300747-501
a	Plan name BASSETT INSURANCE AGENCY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BASSETT INSURANCE AGENCY	c EIN-PN 92-2196027-501
a	Plan name BATS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BATS INC	c EIN-PN 34-1788079-501
a	Plan name BAUMPOUND ENTERPRISES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BAUMPOUND ENTERPRISES LLC	c EIN-PN 87-2482478-501
a	Plan name BAY MANUFACTURING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BAY MANUFACTURING	c EIN-PN 93-2349246-501
a	Plan name BEARING & TRAN SUPPLY CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BEARING & TRAN SUPPLY CO	c EIN-PN 34-1287392-501
a	Plan name BEATTY'S SPORTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BEATTYS SPORTS	c EIN-PN 27-3998748-501
a	Plan name BECK HOMES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BECK HOMES LLC	c EIN-PN 85-1600607-501
a	Plan name BEDROCK STONE COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BEDROCK STONE COMPANY	c EIN-PN 45-4594034-501
a	Plan name BELL MUSIC COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BELL MUSIC COMPANY	c EIN-PN 34-1847942-501
a	Plan name BELLA DORA MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor BELLA DORA MANAGEMENT	c EIN-PN 34-1206598-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BELLS ELECTRIC ENT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BELLS ELECTRIC ENT INC	c EIN-PN 20-1198084-501
a	Plan name	BELSOLE GROUNDWORKS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BELSOLE GROUNDWORKS	c EIN-PN 34-2870637-501
a	Plan name	BENEFITS CONSULTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BENEFITS CONSULTING	c EIN-PN 35-2167481-501
a	Plan name	BERINGER PLATING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BERINGER PLATING INC	c EIN-PN 34-1002353-502
a	Plan name	BERKI LAW GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BERKI LAW GROUP	c EIN-PN 46-1680397-501
a	Plan name	BERNARD R. DOYLE, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BERNARD R. DOYLE, INC.	c EIN-PN 34-1907773-501
a	Plan name	BERTEROS SECOND WAVE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BERTEROS SECOND WAVE LLC	c EIN-PN 88-1584965-501
a	Plan name	BEST COMMERCIAL ENERGY SERVICES, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BEST COMMERCIAL ENERGY SERVICES, INC.	c EIN-PN 34-1528159-501
a	Plan name	BEST MOLD & MANUFACTURING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BEST MOLD & MANUFACTURING	c EIN-PN 34-1968267-501
a	Plan name	BEVERAGE MARKETING GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BEVERAGE MARKETING GROUP	c EIN-PN 86-3382108-501
a	Plan name	BIG MIKES AUTOMOTIVE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BIG MIKES AUTOMOTIVE	c EIN-PN 82-4112023-501
a	Plan name	BILTMORE EXTERIORS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BILTMORE EXTERIORS INC	c EIN-PN 20-5538204-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BISSLER & SONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BISSLER & SONS	c EIN-PN 34-0099880-502
a	Plan name	BLAHA TRUCKING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BLAHA TRUCKING INC	c EIN-PN 34-1354049-501
a	Plan name	BLASER & MERICLE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BLASER & MERICLE INC	c EIN-PN 34-0786341-501
a	Plan name	BLAZIN RIBS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BLAZIN RIBS INC	c EIN-PN 34-1513827-501
a	Plan name	BLOOM BEAUTY STUDIOS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BLOOM BEAUTY STUDIOS	c EIN-PN 84-2231974-501
a	Plan name	BLOOMS PRINTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BLOOMS PRINTING	c EIN-PN 34-1789443-502
a	Plan name	BLUE SKIES DIRECT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BLUE SKIES DIRECT	c EIN-PN 83-4704342-501
a	Plan name	BM SPRINKLER HOLDINGS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BM SPRINKLER HOLDINGS	c EIN-PN 92-3632239-501
a	Plan name	BMS BURNS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BMS BURNS	c EIN-PN 34-1571477-502
a	Plan name	BOCK COMPANY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BOCK COMPANY LLC	c EIN-PN 26-4146918-502
a	Plan name	BOLD REAL ESTATE CONSULT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BOLD REAL ESTATE CONSULT	c EIN-PN 46-1927079-501
a	Plan name	BOMEN MARKINGS PRODUCTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BOMEN MARKINGS PRODUCTS	c EIN-PN 34-1565918-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BOTTOM LINE HOME INSPECTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BOTTOM LINE HOME INSPECTIONS	c EIN-PN 85-3832500-501
a	Plan name	BOUTIQUE IT SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BOUTIQUE IT SOLUTIONS	c EIN-PN 46-1221873-501
a	Plan name	BOWERY MANAGEMENT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BOWERY MANAGEMENT INC	c EIN-PN 34-1459512-501
a	Plan name	BOWLING AGENCY OF OHIO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BOWLING AGENCY OF OHIO	c EIN-PN 83-2885528-501
a	Plan name	BOWLING FARMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BOWLING FARMS	c EIN-PN 36-4742344-501
a	Plan name	BRADSHAW & SONS CONCRETE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BRADSHAW & SONS CONCRETE	c EIN-PN 87-2165829-501
a	Plan name	BRADY EXCAVATION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BRADY EXCAVATION LLC	c EIN-PN 87-4529849-501
a	Plan name	BRIARWOOD CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BRIARWOOD CONSTRUCTION	c EIN-PN 88-3281702-501
a	Plan name	BRIGHT HOUSE CLEANING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BRIGHT HOUSE CLEANING	c EIN-PN 85-3698965-501
a	Plan name	BROADDUS & ASSOCIATES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BROADDUS & ASSOCIATES	c EIN-PN 84-1715764-501
a	Plan name	BROADWIRE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BROADWIRE INC	c EIN-PN 27-1646121-501
a	Plan name	BROEHL LAW OFFICE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BROEHL LAW OFFICE LLC	c EIN-PN 81-0823727-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BROOKER BROTHERS FORGING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BROOKER BROTHERS FORGING	c EIN-PN 34-0710917-502
a	Plan name	BROOKLYN MACHINE & MFG CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BROOKLYN MACHINE & MFG	c EIN-PN 34-1282654-501
a	Plan name	BROOKVIEW DEVELOPMENT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BROOKVIEW DEVELOPMENT LLC	c EIN-PN 34-1900347-501
a	Plan name	BUCHWALTER GREENHOUSE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCHWALTER GREENHOUSE	c EIN-PN 34-1814535-501
a	Plan name	BUCKEYE COUNTRY CREAMERY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCKEYE COUNTRY CREAMERY	c EIN-PN 81-1246293-501
a	Plan name	BUCKEYE ENERGY BROKERS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCKEYE ENERGY BROKERS	c EIN-PN 34-1926757-501
a	Plan name	BUCKEYE METAL GROUP INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCKEYE METAL GROUP INC	c EIN-PN 85-3889505-502
a	Plan name	BUCKEYE QUALITY MEATS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCKEYE QUALITY MEATS	c EIN-PN 85-1914299-502
a	Plan name	BUCKEYE SEALED STORAGE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCKEYE SEALED STORAGE	c EIN-PN 34-1913962-501
a	Plan name	BUCKEYE SEAMLESS SPOUTNG CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCKEYE SEAMLESS SPOUTNG	c EIN-PN 93-4939055-501
a	Plan name	BUCKEYE STATE WELDING & FABRICATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCKEYE STATE WELDING & FABRICATING	c EIN-PN 34-1167074-501
a	Plan name	BUCKEYE SUPER WASH LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCKEYE SUPER WASH LLC	c EIN-PN 26-1584733-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BUCKYS BAKERY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUCKYS BAKERY	c EIN-PN 87-2335076-502
a	Plan name	BUDGET BLINDS OF MEDINA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUDGET BLINDS OF MEDINA	c EIN-PN 46-0999590-501
a	Plan name	BUGH INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUGH INC	c EIN-PN 36-4500672-501
a	Plan name	BURGHARDT MANUFACTURING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BURGHARDT MANUFACTURING	c EIN-PN 34-1590491-501
a	Plan name	BURLY BOLT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BURLY BOLT INC	c EIN-PN 34-1727070-501
a	Plan name	BURTEN BELL CARR DEVELOPMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BURTEN BELL CARR DEVELOPMENT	c EIN-PN 34-1657533-501
a	Plan name	BUSINESS EXCELLENCE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUSINESS EXCELLENCE LLC	c EIN-PN 46-0896418-501
a	Plan name	BUSINESS IMPROVEMENT GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUSINESS IMPROVEMENT GROUP	c EIN-PN 54-3125718-501
a	Plan name	BUSY BEE MUFFLER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	BUSY BEE MUFFLER	c EIN-PN 34-1889119-501
a	Plan name	C & G ERECTORS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	C & G ERECTORS INC	c EIN-PN 81-3939370-501
a	Plan name	C & W FREIGHT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	C & W FREIGHT	c EIN-PN 34-1849004-501
a	Plan name	C BECK ENTERPRISES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	C BECK ENTERPRISES LLC	c EIN-PN 92-1415102-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name C RAM TRANSPORT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor C RAM TRANSPORT LLC	c EIN-PN 86-2783389-501
a	Plan name C SHOEMAKER FUNERAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor C SHOEMAKER FUNERAL	c EIN-PN 34-0661577-501
a	Plan name C&G SYSTEMS SERVICES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor C&G SYSTEMS SERVICES LLC	c EIN-PN 85-4032576-501
a	Plan name CAMBRIAS BISTRO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CAMBRIAS BISTRO	c EIN-PN 88-3219427-501
a	Plan name CAMP HO MITA KODA FOUNDATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CAMP HO MITA KODA FOUNDATION	c EIN-PN 82-1212824-502
a	Plan name CAMPBELL CARPET INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CAMPBELL CARPET INC	c EIN-PN 34-1620671-501
a	Plan name CAMPBELL COMMUNICATIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CAMPBELL COMMUNICATIONS	c EIN-PN 27-4470837-501
a	Plan name CANAL CITY INDUSTRIAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CANAL CITY INDUSTRIAL	c EIN-PN 81-1828847-501
a	Plan name CANAL FULTON ENTERPRISES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CANAL FULTON ENTERPRISES	c EIN-PN 34-1349814-501
a	Plan name CANTON FAMILY DENTISTRY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CANTON FAMILY DENTISTRY	c EIN-PN 31-1568348-501
a	Plan name CANTON GEAR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CANTON GEAR	c EIN-PN 34-0894394-501
a	Plan name CANTON SPECIALTY GARAGE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CANTON SPECIALTY GARAGE	c EIN-PN 85-3808470-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CANTON WHOLESALE FLORAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CANTON WHOLESALE FLORAL	c EIN-PN 34-0874407-501
a	Plan name CAPITAL ENVIRONMENTAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CAPITAL ENVIRONMENTAL	c EIN-PN 34-0943378-503
a	Plan name CAPITAL TAPE COMPANY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CAPITAL TAPE COMPANY INC	c EIN-PN 34-1658684-501
a	Plan name CAPMED PLUS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CAPMED PLUS LLC	c EIN-PN 45-3004088-501
a	Plan name CAPOVETTA LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CAPOVETTA LLC	c EIN-PN 88-0810440-501
a	Plan name CARAVON GOLF COMPANY, LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CARAVON GOLF COMPANY, LTD	c EIN-PN 34-1897672-501
a	Plan name CARD PALMER SIBBISON CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CARD PALMER SIBBISON	c EIN-PN 34-1599718-501
a	Plan name CARD PAYMENT SYSTEMS OH CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CARD PAYMENT SYSTEMS OH	c EIN-PN 01-0641606-501
a	Plan name CARLISLE GOLF CLUB INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CARLISLE GOLF CLUB INC	c EIN-PN 34-1242176-501
a	Plan name CAROLYN NIKOLE HORVATH CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CAROLYN NIKOLE HORVATH	c EIN-PN 60-0135469-501
a	Plan name CARR EXCAVATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CARR EXCAVATING	c EIN-PN 47-3929159-501
a	Plan name CASA DI SASSI CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CASA DI SASSI	c EIN-PN 27-2045750-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CASCADE LIGHTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CASCADE LIGHTING	c EIN-PN 92-0962093-501
a	Plan name	CASEY ROCH & ASSOCIATES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CASEY ROCH & ASSOCIATES	c EIN-PN 81-4057471-501
a	Plan name	CATER TO YOU, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CATER TO YOU, LLC	c EIN-PN 47-4348261-501
a	Plan name	CBR TRANS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CBR TRANS LLC	c EIN-PN 82-0813338-501
a	Plan name	CCC MANAGEMENT LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CCC MANAGEMENT LTD	c EIN-PN 42-1719109-501
a	Plan name	CCMC PROPERTIES LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CCMC PROPERTIES LTD	c EIN-PN 61-1417539-501
a	Plan name	CENTER FOR DENTAL HEALTH CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CENTER FOR DENTAL HEALTH	c EIN-PN 34-1407266-502
a	Plan name	CENTER RIDGE DENTAL PROS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CENTER RIDGE DENTAL PROS	c EIN-PN 30-0912236-501
a	Plan name	CF EXTRUSION TCHNLGS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CF EXTRUSION TCHNLGS LLC	c EIN-PN 81-1449736-501
a	Plan name	CHAGRIN RIVER CO INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CHAGRIN RIVER CO INC	c EIN-PN 34-1794896-502
a	Plan name	CHAGRIN VALLEY MEDICAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CHAGRIN VALLEY MEDICAL	c EIN-PN 93-2643239-501
a	Plan name	CHAGRIN VALLEY OPTOMETRIST CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CHAGRIN VALLEY OPTOMETRIST	c EIN-PN 34-1587926-502

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CHARIS HOMES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHARIS HOMES LLC	c EIN-PN 68-0559707-501
a	Plan name CHARLES & ASSOCIATES MARKETING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHARLES & ASSOCIATES MARKETING	c EIN-PN 34-1936364-501
a	Plan name CHASE GROUP REAL ESTATE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHASE GROUP REAL ESTATE	c EIN-PN 46-1093613-502
a	Plan name CHEMEQUIP SALES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHEMEQUIP SALES INC	c EIN-PN 34-1108925-501
a	Plan name CHEMICAL & MECHANICAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHEMICAL & MECHANICAL	c EIN-PN 34-1551648-501
a	Plan name CHEVALIER CHIROPRACTIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHEVALIER CHIROPRACTIC	c EIN-PN 34-1924464-501
a	Plan name CHEZ-DEL INTERIORS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHEZ-DEL INTERIORS INC	c EIN-PN 34-1239398-501
a	Plan name CHIROPRACTIC CONCEPTS OF AVON LAKE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHIROPRACTIC CONCEPTS OF AVON LAKE INC	c EIN-PN 34-1803175-501
a	Plan name CHOICE AIRE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHOICE AIRE LLC	c EIN-PN 20-4296310-501
a	Plan name CHRISTIAN ST REAL ESTATE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHRISTIAN ST REAL ESTATE	c EIN-PN 81-1662369-501
a	Plan name CHRISTINE'S CHAIR CANING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHRISTINES CHAIR CANING	c EIN-PN 86-1991284-501
a	Plan name CHRSTPHER MCDONL & ASSOCIATES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CHRSTPHER MCDONL & ASSOCIATES	c EIN-PN 82-1887514-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	CHUCK'S CUSTOM LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CHUCKS CUSTOM LLC	c EIN-PN 20-8021915-501
a Plan name	CITI ELECTRIC INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CITI ELECTRIC INC	c EIN-PN 34-1486240-501
a Plan name	CITY PLATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CITY PLATING	c EIN-PN 34-1964703-501
a Plan name	CJW INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CJW INC	c EIN-PN 31-1336942-503
a Plan name	CLARK C WHITE III DDX CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CLARK C WHITE III DDX	c EIN-PN 34-1779416-502
a Plan name	CLARK GUILLIAM BERTSCH WEALTH MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CLARK GUILLIAM BERTSCH WEALTH MANAGEMENT	c EIN-PN 85-1647719-501
a Plan name	CLARKTEL TELECOMMUNICATIONS, INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CLARKTEL TELECOMMUNICATIONS, INC	c EIN-PN 34-1877902-501
a Plan name	CLE HOME INVESTMENTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CLE HOME INVESTMENTS	c EIN-PN 84-3508629-501
a Plan name	CLE PM LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CLE PM LLC	c EIN-PN 88-1935922-501
a Plan name	CLE XPRESS CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CLE XPRESS	c EIN-PN 20-3195148-502
a Plan name	CLEAR SOLUTION CONSULTIN CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CLEAR SOLUTION CONSULTING	c EIN-PN 84-4082053-501
a Plan name	CLEARY BROTHERS LANDSCP CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	CLEARY BROTHERS LANDSCP	c EIN-PN 84-3471791-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CLEVELAND EQUINE CLINIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CLEVELAND EQUINE CLINIC	c EIN-PN 20-3471401-501
a	Plan name	CLEVELAND FISH & SEAFOOD, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CLEVELAND FISH & SEAFOOD, LLC	c EIN-PN 38-3897636-501
a	Plan name	CLEVELAND MORTGAGE CORPORATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CLEVELAND MORTGAGE CORPORATION	c EIN-PN 82-2009661-501
a	Plan name	CLEVELAND OAK INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CLEVELAND OAK INC	c EIN-PN 93-1342678-501
a	Plan name	CLEVELAND SHUTTERS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CLEVELAND SHUTTERS	c EIN-PN 45-2704043-501
a	Plan name	CLEVELAND SMILE CENTER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CLEVELAND SMILE CENTER	c EIN-PN 83-1061260-502
a	Plan name	CLEVELAND SPECIALTY INSP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CLEVELAND SPECIALTY INSP	c EIN-PN 34-1576942-501
a	Plan name	CLINTON MACHINE CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CLINTON MACHINE CO	c EIN-PN 34-1051016-502
a	Plan name	CM BUSINESS CONSULTANTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CM BUSINESS CONSULTANTS	c EIN-PN 26-3940083-501
a	Plan name	COACHNET GLOBAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COACHNET GLOBAL LLC	c EIN-PN 51-0662763-501
a	Plan name	COFFEE & CODE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COFFEE & CODE LLC	c EIN-PN 45-2826390-502
a	Plan name	COLLINWOOD ACADEMY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COLLINWOOD ACADEMY	c EIN-PN 47-2021263-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	COMMUNICATION SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COMMUNICATION SOLUTIONS	c EIN-PN 34-1869437-501
a	Plan name	COMMUNICATIONS FACTORY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COMMUNICATIONS FACTORY	c EIN-PN 55-0808843-501
a	Plan name	COMPASS SOLUTIONS GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COMPASS SOLUTIONS GROUP	c EIN-PN 34-1909981-501
a	Plan name	COMPLETE CONCRETE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COMPLETE CONCRETE INC	c EIN-PN 34-1928955-501
a	Plan name	COMROD INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COMROD INC	c EIN-PN 36-4704854-501
a	Plan name	CON-BELT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CON-BELT INC	c EIN-PN 34-1689328-501
a	Plan name	CONCEPT 4 INSURANCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CONCEPT 4 INSURANCE	c EIN-PN 34-1301889-501
a	Plan name	CONDOR SERVICES CORP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CONDOR SERVICES CORP	c EIN-PN 20-0378187-501
a	Plan name	CONNERS COMFORT SYSTEMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CONNERS COMFORT SYSTEMS	c EIN-PN 34-1836235-501
a	Plan name	CONRADS HEATING & COOLING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CONRADS HEATING & COOLING	c EIN-PN 34-1896714-502
a	Plan name	CONTI TOOL & DIE CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CONTI TOOL & DIE CO	c EIN-PN 34-1347650-501
a	Plan name	CONTOUR TOOL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CONTOUR TOOL	c EIN-PN 34-1527676-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	COOPER GOLF LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COOPER GOLF LLC	c EIN-PN 83-3661493-501
a	Plan name	CORCORAN AUTO REPAIR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CORCORAN AUTO REPAIR	c EIN-PN 82-1250159-501
a	Plan name	CORNERSTONE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CORNERSTONE	c EIN-PN 87-4112850-501
a	Plan name	CORNERSTONE APPRAISAL SVCS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CORNERSTONE APPRAISAL SVCS	c EIN-PN 34-1698121-501
a	Plan name	CORNERSTONE CONCRETE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CORNERSTONE CONCRETE	c EIN-PN 84-1806533-501
a	Plan name	CORNERSTONE HOMES & DESIGN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CORNERSTONE HOMES & DESIGN	c EIN-PN 93-4636013-501
a	Plan name	COTTER MERCH STORAGE OH CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COTTER MERCH STORAGE OH	c EIN-PN 34-1573791-502
a	Plan name	COULTER WATERPROOFING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COULTER WATERPROOFING	c EIN-PN 34-1963574-501
a	Plan name	COUNTER CONCEPTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COUNTER CONCEPTS	c EIN-PN 34-1844939-502
a	Plan name	COUNTRYMAN ENERGY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COUNTRYMAN ENERGY	c EIN-PN 85-3502803-501
a	Plan name	COUNTRYSIDE PLUMBING INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COUNTRYSIDE PLUMBING INC.	c EIN-PN 34-1570246-501
a	Plan name	COURT COMMUNITY SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	COURT COMMUNITY SERVICE	c EIN-PN 34-1584838-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CPL ADVISORS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CPL ADVISORS LLC	c EIN-PN 88-1859126-501
a	Plan name CRAIGWISE CONSTRUCTION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CRAIGWISE CONSTRUCTION LLC	c EIN-PN 85-4271306-501
a	Plan name CRASH CAT MEDIA GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CRASH CAT MEDIA GROUP	c EIN-PN 92-3289123-501
a	Plan name CREATIVEDGE MARKETING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CREATIVEDGE MARKETING	c EIN-PN 34-1942867-501
a	Plan name CRNA SCHOOL PREP ACADEMY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CRNA SCHOOL PREP ACADEMY	c EIN-PN 88-0965273-501
a	Plan name CROWL MONTGOMERY & CLARK CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CROWL MONTGOMERY & CLARK	c EIN-PN 34-1617951-501
a	Plan name CROWNE POINTE FINANCIAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CROWNE POINTE FINANCIAL	c EIN-PN 27-3309186-502
a	Plan name CRYOTHERMIC SYSTEMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CRYOTHERMIC SYSTEMS	c EIN-PN 26-4206474-501
a	Plan name CRYSTAL DENTAL LAB CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CRYSTAL DENTAL LAB	c EIN-PN 34-1515686-501
a	Plan name CS TRANSPORT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CS TRANSPORT INC	c EIN-PN 34-1870541-502
a	Plan name CUETO FAMILY DENTAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CUETO FAMILY DENTAL	c EIN-PN 46-3896411-501
a	Plan name CUSTOM APPAREL ETC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor CUSTOM APPAREL ETC	c EIN-PN 84-2608367-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CUSTOM CRAFT CONTROLS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CUSTOM CRAFT CONTROLS	c EIN-PN 34-1611585-501
a	Plan name	CUSTOM SINK TOP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CUSTOM SINK TOP	c EIN-PN 34-1655551-501
a	Plan name	CUSTOM STAIRS & FINISHES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CUSTOM STAIRS & FINISHES	c EIN-PN 02-0677219-501
a	Plan name	CUSTOM STONE HOUSE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CUSTOM STONE HOUSE LLC	c EIN-PN 81-1410052-502
a	Plan name	CUYAHOGA FALLS VET CLINIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CUYAHOGA FALLS VET CLINIC	c EIN-PN 31-1522889-503
a	Plan name	CV MANAGEMENT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CV MANAGEMENT LLC	c EIN-PN 81-3793769-501
a	Plan name	CYPRESS ENGINEERING AND DESIGN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	CYPRESS ENGINEERING AND DESIGN LLC	c EIN-PN 27-3256960-501
a	Plan name	D NIEW CONSTRUCTION INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	D NIEW CONSTRUCTION INC	c EIN-PN 34-1701701-501
a	Plan name	D OTTO ELECTRIC INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	D OTTO ELECTRIC INC	c EIN-PN 34-1905373-501
a	Plan name	D&M OILFIELD SERV INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	D&M OILFIELD SERV INC	c EIN-PN 34-1397442-501
a	Plan name	D.A.S. MECHANICAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	D.A.S. MECHANICAL	c EIN-PN 82-3240655-501
a	Plan name	DACK AUTOMOTIVE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DACK AUTOMOTIVE INC	c EIN-PN 26-0867308-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DAN GUARDO CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DAN GUARDO CONSTRUCTION	c EIN-PN 26-2530047-501
a	Plan name	DANIEL O'DONNELL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DANIEL O'DONNELL	c EIN-PN 30-1681736-501
a	Plan name	DANNEMILLER DIVERSIFIED COMPANIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DANNEMILLER DIVERSIFIED COMPANIES	c EIN-PN 34-1656200-501
a	Plan name	DANTE ANTONELLI CEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DANTE ANTONELLI CEMENT	c EIN-PN 26-2356509-501
a	Plan name	DAUGHTERS OF C & M CONCESSIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DAUGHTERS OF C & M CONCESSIONS	c EIN-PN 47-5360173-501
a	Plan name	DAVID A DELPRINCIPE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DAVID A DELPRINCIPE	c EIN-PN 34-1886675-501
a	Plan name	DAVID F DEPASQUALE ATTNY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DAVID F DEPASQUALE ATTNY	c EIN-PN 27-7681829-501
a	Plan name	DAVID MPS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DAVID MPS LLC	c EIN-PN 47-1719930-501
a	Plan name	DAVIS PRINTING CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DAVIS PRINTING CO	c EIN-PN 34-0839459-501
a	Plan name	DAVIS TREE FARM NURSERY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DAVIS TREE FARM NURSERY	c EIN-PN 34-1831316-501
a	Plan name	DAWSON ENTERPRISES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DAWSON ENTERPRISES LLC	c EIN-PN 46-5677786-501
a	Plan name	DCS PROPERTIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DCS PROPERTIES INC	c EIN-PN 34-1730222-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DEALER CONNECTION AUTO SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DEALER CONNECTION AUTO SERVICE	c EIN-PN 34-1922384-501
a	Plan name	DEBS WELDING & FABRICATION INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DEBS WELDING & FABRICATION INC.	c EIN-PN 34-1832479-501
a	Plan name	DECHECOS PIZZARIA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DECHECOS PIZZARIA	c EIN-PN 46-4400505-501
a	Plan name	DEGAETANO SALES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DEGAETANO SALES	c EIN-PN 34-1860251-501
a	Plan name	DENES CONCRETE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DENES CONCRETE INC	c EIN-PN 05-0588083-501
a	Plan name	DENNIS TAYLOR AGENCY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DENNIS TAYLOR AGENCY INC	c EIN-PN 34-1927863-501
a	Plan name	DENNYS TOOL MFG INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DENNYS TOOL MFG INC	c EIN-PN 34-1596195-501
a	Plan name	DENTAL HEALTH SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DENTAL HEALTH SERVICES	c EIN-PN 34-1117652-502
a	Plan name	DENTAL MEDICAL ADVANTAGE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DENTAL MEDICAL ADVANTAGE	c EIN-PN 34-1712657-501
a	Plan name	DERU LANDSCAPE ARCHT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DERU LANDSCAPE ARCHT LLC	c EIN-PN 47-2237227-501
a	Plan name	DESIGN RESTORATION & RECONSTRUCTION INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DESIGN RESTORATION & RECONSTRUCTION INC.	c EIN-PN 47-0863707-502
a	Plan name	DFI, INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DFI, INC	c EIN-PN 34-1724656-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DIAMOND LINE CONTAINERS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIAMOND LINE CONTAINERS	c EIN-PN 34-1806866-501
a	Plan name DICAUDO PITCHFORD YODER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DICAUDO PITCHFORD YODER	c EIN-PN 45-0535393-501
a	Plan name DIDION & GREEN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIDION & GREEN LLC	c EIN-PN 81-2745118-501
a	Plan name DIFEO & SONS POULTRY INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIFEO & SONS POULTRY INC.	c EIN-PN 34-1312894-501
a	Plan name DIGITAL INTEGRATED SYS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIGITAL INTEGRATED SYS	c EIN-PN 34-1754317-501
a	Plan name DIGITAL SOLVED CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIGITAL SOLVED	c EIN-PN 92-1803861-502
a	Plan name DIORIO SHEET METAL INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIORIO SHEET METAL INC	c EIN-PN 03-0648301-501
a	Plan name DIMARCO & ASSOCIATES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIMARCO & ASSOCIATES LLC	c EIN-PN 20-4234737-501
a	Plan name DIOGUARDI'S INCORPORATED CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIOGUARDIS INCORPORATED	c EIN-PN 47-2954614-501
a	Plan name DIRECT IMPORT HOME DECOR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIRECT IMPORT HOME DECOR	c EIN-PN 32-0102219-501
a	Plan name DIRTY RIVER BICYCLE WORK CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DIRTY RIVER BICYCLE WORK	c EIN-PN 81-4879796-501
a	Plan name DISCOUNT CUSTOM CABINETS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor DISCOUNT CUSTOM CABINETS	c EIN-PN 82-2888958-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DIVERSIFIED DIGITAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DIVERSIFIED DIGITAL LLC	c EIN-PN 45-2635769-501
a	Plan name	DK DENTAL LABORATORY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DK DENTAL LABORATORY INC	c EIN-PN 34-1649219-501
a	Plan name	DL ANESTHESIA LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DL ANESTHESIA LLC	c EIN-PN 92-2773464-501
a	Plan name	DLSII CONSULTING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DLSII CONSULTING LLC	c EIN-PN 83-3035684-501
a	Plan name	DMC BENEFITS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DMC BENEFITS INC	c EIN-PN 84-4021755-501
a	Plan name	DMC ENTERPRISES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DMC ENTERPRISES	c EIN-PN 34-1704594-501
a	Plan name	DMS WATER SOLUTIONS CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DMS WATER SOLUTIONS CO	c EIN-PN 83-3666788-501
a	Plan name	DMT CERTIFIED CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DMT CERTIFIED	c EIN-PN 84-1886759-501
a	Plan name	DMY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DMY LLC	c EIN-PN 93-3176216-501
a	Plan name	DN PRODUCTS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DN PRODUCTS INC	c EIN-PN 34-1761352-501
a	Plan name	DOMENICO DAVIDE CONSTR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DOMENICO DAVIDE CONSTR	c EIN-PN 26-4640696-501
a	Plan name	DOMOKUR & ASSOCIATES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DOMOKUR & ASSOCIATES	c EIN-PN 93-4355370-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DON SITTS AUTO SALES, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DON SITTS AUTO SALES, INC.	c EIN-PN 34-1660141-501
a	Plan name	DON SMITH AUTO PARTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DON SMITH AUTO PARTS	c EIN-PN 34-1215806-501
a	Plan name	DONALD WHITAKER INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DONALD WHITAKER INC	c EIN-PN 34-1665792-501
a	Plan name	DOOR SPECIALTIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DOOR SPECIALTIES INC	c EIN-PN 34-1497986-501
a	Plan name	DOOR WORKS CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DOOR WORKS CONSTRUCTION	c EIN-PN 34-1893964-501
a	Plan name	DOVER ATWOOD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DOVER ATWOOD	c EIN-PN 34-1691701-501
a	Plan name	DOVER LANDSCAPING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DOVER LANDSCAPING	c EIN-PN 26-4409114-501
a	Plan name	DOWNTOWN REDEVELOPMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DOWNTOWN REDEVELOPMENT	c EIN-PN 84-2328272-501
a	Plan name	DOYLE SYSTEMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DOYLE SYSTEMS	c EIN-PN 34-1945550-501
a	Plan name	DR JOHN J KOBERLEIN DDS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DR JOHN J KOBERLEIN DDS	c EIN-PN 34-1655914-501
a	Plan name	DR RICHARD HULTS & ASSOC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DR RICHARD HULTS & ASSOC	c EIN-PN 31-1145353-501
a	Plan name	DR SAMUEL PUPINO DDS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DR SAMUEL PUPINO DDS	c EIN-PN 20-2012599-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DRABIK MANUFACTURING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DRABIK MANUFACTURING INC	c EIN-PN 34-1503007-501
a	Plan name	DREAM WEAVER EMBROIDERY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DREAM WEAVER EMBROIDERY	c EIN-PN 81-1509736-501
a	Plan name	DRELLISHAK AUTO CARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DRELLISHAK AUTO CARE	c EIN-PN 46-4742451-501
a	Plan name	DRIVEN MX LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DRIVEN MX LLC	c EIN-PN 83-3434233-501
a	Plan name	DRS. KOTAPISH & KAYAFAS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DRS. KOTAPISH & KAYAFAS	c EIN-PN 34-1733117-501
a	Plan name	DRY SOLIDS PROCESS & PACKING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DRY SOLIDS PROCESS & PACKING	c EIN-PN 82-5369089-501
a	Plan name	DT DELIVERY INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DT DELIVERY INC.	c EIN-PN 27-3495714-501
a	Plan name	DUER CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DUER CONSTRUCTION	c EIN-PN 34-0843784-502
a	Plan name	DURO MANUFACTURING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DURO MANUFACTURING LLC	c EIN-PN 84-4488976-501
a	Plan name	DUTCH DANNEMILLER ELECTR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DUTCH DANNEMILLER ELECTR	c EIN-PN 34-1190735-502
a	Plan name	DUTCH LEGACY HOMES BY MERLE TROYER LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DUTCH LEGACY HOMES BY MERLE TROYER LLC	c EIN-PN 82-1572963-501
a	Plan name	DYNAMICS ONLINE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DYNAMICS ONLINE INC	c EIN-PN 31-1507206-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DYNAMIX GROUP LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	DYNAMIX GROUP LLC	c EIN-PN 26-4624437-501
a	Plan name	E & R REPAIR LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	E & R REPAIR LLC	c EIN-PN 84-3424528-501
a	Plan name	E DAKE PLUMBING & HEAT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	E DAKE PLUMBING & HEAT	c EIN-PN 34-1853768-502
a	Plan name	E EXPRESS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	E EXPRESS INC	c EIN-PN 26-2830354-502
a	Plan name	E&L HEATING AND AIR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	E&L HEATING AND AIR	c EIN-PN 34-1497988-501
a	Plan name	EA FLOWMASTERS PLUMBING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EA FLOWMASTERS PLUMBING	c EIN-PN 82-1488508-501
a	Plan name	EAGLE CREEK PRESS AND PROPERTIES, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EAGLE CREEK PRESS AND PROPERTIES, LLC	c EIN-PN 83-4302425-501
a	Plan name	EAGLE CREEK WHOLESALE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EAGLE CREEK WHOLESALE	c EIN-PN 20-8075255-501
a	Plan name	EARTHWALK ORTHOTICS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EARTHWALK ORTHOTICS	c EIN-PN 81-1173300-501
a	Plan name	EAST AKRON NEIGHBORHOOD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EAST AKRON NEIGHBORHOOD	c EIN-PN 34-1365690-501
a	Plan name	EAST COAST PERFORMANCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EAST COAST PERFORMANCE	c EIN-PN 45-2526570-502
a	Plan name	EASTLAKE MACHINE PRODS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EASTLAKE MACHINE PRODS	c EIN-PN 85-4068831-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	EBERHARDT LANDSCAPING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EBERHARDT LANDSCAPING	c EIN-PN 34-1578162-501
a	Plan name	EBERLY HOOF TRIMMING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EBERLY HOOF TRIMMING LLC	c EIN-PN 47-4173686-502
a	Plan name	ECKARD BALDWIN FUNERAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ECKARD BALDWIN FUNERAL	c EIN-PN 34-0656077-501
a	Plan name	ECOSCAPE SUPPLY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ECOSCAPE SUPPLY INC	c EIN-PN 81-4327206-501
a	Plan name	EDGEWOOD VET HOSPITAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EDGEWOOD VET HOSPITAL	c EIN-PN 83-2450963-501
a	Plan name	EDWARD L GILBERT CO LPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EDWARD L GILBERT CO LPA	c EIN-PN 34-1363519-501
a	Plan name	EDWARDS WINDOW & DOOR REPAIR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EDWARDS WINDOW & DOOR REPAIR	c EIN-PN 20-3571647-501
a	Plan name	ELEGANT RENOVATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ELEGANT RENOVATION	c EIN-PN 27-0908258-501
a	Plan name	ELEVEN TWENTY FIVE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ELEVEN TWENTY FIVE LLC	c EIN-PN 45-2878088-501
a	Plan name	ELI & JACK DAHER PARTNERSHIP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ELI & JACK DAHER PARTNERSHIP	c EIN-PN 27-2349957-501
a	Plan name	ELIJAH & ISAIAH MGMT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ELIJAH & ISAIAH MGMT	c EIN-PN 46-4112343-501
a	Plan name	ELITE COMBUSTION SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ELITE COMBUSTION SOLUTIONS	c EIN-PN 83-4642247-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ELIZABETH A THOMARIOS ESQ., LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ELIZABETH A THOMARIOS ESQ., LLC	c EIN-PN 27-5401020-501
a	Plan name	ELLET NEON SALES & SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ELLET NEON SALES & SERVICE	c EIN-PN 34-0800866-502
a	Plan name	ELLET RADIATOR SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ELLET RADIATOR SERVICE	c EIN-PN 34-1459091-501
a	Plan name	ELLSWORTH AUTO BODY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ELLSWORTH AUTO BODY	c EIN-PN 20-1965806-501
a	Plan name	EMBRACE INDEPENDENCE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EMBRACE INDEPENDENCE LLC	c EIN-PN 47-3734196-501
a	Plan name	EMILY A TRICASO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EMILY A TRICASO	c EIN-PN 27-1766548-502
a	Plan name	EMPIRE FOODS II LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EMPIRE FOODS II LLC	c EIN-PN 46-1885277-501
a	Plan name	ENGINEERED LAMINATES & COATINGS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ENGINEERED LAMINATES & COATINGS LLC	c EIN-PN 20-3085689-501
a	Plan name	ENVIRONMENTAL PEST CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ENVIRONMENTAL PEST	c EIN-PN 34-1707008-501
a	Plan name	EPPCO ENTERPRISES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	EPPCO ENTERPRISES INC	c EIN-PN 34-1313666-501
a	Plan name	ERB LEGAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ERB LEGAL LLC	c EIN-PN 83-2787390-501
a	Plan name	ERNIES AUTO BODY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ERNIES AUTO BODY INC	c EIN-PN 27-3265280-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ESCHWINK LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ESCHWINK LLC	c EIN-PN 88-1554076-501
a	Plan name ESHANI ONE STOP LIQUOR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ESHANI ONE STOP LIQUOR	c EIN-PN 46-5368706-501
a	Plan name EUCLID GRAND MASTER TENANT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor EUCLID GRAND MASTER TENANT LLC	c EIN-PN 82-3827856-501
a	Plan name EVANS ACCOUNTING & TAX, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor EVANS ACCOUNTING & TAX, LLC	c EIN-PN 27-1283663-501
a	Plan name EVERGREEN SALES & SERVICE CORP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor EVERGREEN SALES & SERVICE CORP	c EIN-PN 34-1267983-502
a	Plan name EVERLAST LANDSCAPE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor EVERLAST LANDSCAPE	c EIN-PN 45-5469115-501
a	Plan name EVERTRUE PRODUCTIONS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor EVERTRUE PRODUCTIONS INC	c EIN-PN 56-2314028-501
a	Plan name EVOLUTION WEALTH MGMT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor EVOLUTION WEALTH MGMT	c EIN-PN 83-1148991-501
a	Plan name EWART OHLSON MACHINE CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor EWART OHLSON MACHINE CO	c EIN-PN 34-0765086-501
a	Plan name EXPERT TREE SOLUTIONS IN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor EXPERT TREE SOLUTIONS IN	c EIN-PN 86-3200826-501
a	Plan name EXPLORE FAMILY CHIROPRACTIC LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor EXPLORE FAMILY CHIROPRACTIC LLC	c EIN-PN 82-2358589-501
a	Plan name FABRITECH SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FABRITECH SOLUTIONS	c EIN-PN 82-0649709-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FAIRLAWN PERIODONTICS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FAIRLAWN PERIODONTICS	c EIN-PN 81-4876130-501
a	Plan name	FALLS AUTO BODY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FALLS AUTO BODY	c EIN-PN 34-1519570-501
a	Plan name	FALLS FILTRATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FALLS FILTRATION	c EIN-PN 01-0806251-501
a	Plan name	FALLS HEATING & COOLING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FALLS HEATING & COOLING	c EIN-PN 34-1519661-503
a	Plan name	FAMILY PROMISE OF SUMMIT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FAMILY PROMISE OF SUMMIT	c EIN-PN 75-3101718-501
a	Plan name	FAMILY STATCARE OF NE OH CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FAMILY STATCARE OF NE OH	c EIN-PN 80-0271779-502
a	Plan name	FASTSIGNS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FASTSIGNS	c EIN-PN 82-4320171-501
a	Plan name	FASTSTAFFING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FASTSTAFFING LLC	c EIN-PN 86-2183891-501
a	Plan name	FERFOLIA FUNERAL HOMES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FERFOLIA FUNERAL HOMES	c EIN-PN 34-1178284-502
a	Plan name	FERRARI GUTTER SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FERRARI GUTTER SERVICES	c EIN-PN 45-4906216-502
a	Plan name	FIDELITY SYSTEMS LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FIDELITY SYSTEMS LTD	c EIN-PN 26-1629586-502
a	Plan name	FIKE FAMILY PRIMARY CARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FIKE FAMILY PRIMARY CARE	c EIN-PN 92-3476478-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FIREHAWK AUTOMOTIVE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FIREHAWK AUTOMOTIVE	c EIN-PN 20-2184125-501
a	Plan name FIRST CHOICE POLE RESTORATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FIRST CHOICE POLE RESTORATION	c EIN-PN 40-0014428-501
a	Plan name FISCHER & JIROUCH CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FISCHER & JIROUCH CO	c EIN-PN 34-0221300-502
a	Plan name FITNESS EVOLUTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FITNESS EVOLUTION	c EIN-PN 26-1193794-501
a	Plan name FLEXLAWN AND LANDSCAPE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FLEXLAWN AND LANDSCAPE	c EIN-PN 20-8955013-501
a	Plan name FLICORE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FLICORE LLC	c EIN-PN 87-1481638-501
a	Plan name FLOWERS BY DICK & SON CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FLOWERS BY DICK & SON	c EIN-PN 34-1129263-501
a	Plan name FLUID TRANSFER TECHNOLOGY, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FLUID TRANSFER TECHNOLOGY, INC.	c EIN-PN 45-5495328-501
a	Plan name FOCUSED METAL PRODUCTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FOCUSED METAL PRODUCTS	c EIN-PN 83-3743209-501
a	Plan name FOLEY JONES DISPUTE RESOLUTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FOLEY JONES DISPUTE RESOLUTION	c EIN-PN 85-3125708-501
a	Plan name FOOT SCAPE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FOOT SCAPE LLC	c EIN-PN 87-1340915-502
a	Plan name FORMS ASSOCIATES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor FORMS ASSOCIATES INC	c EIN-PN 34-1454716-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FORTISURE IT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FORTISURE IT	c EIN-PN 82-3959560-501
a	Plan name	FOUTTYS FOOD INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FOUTTYS FOOD INC	c EIN-PN 34-1625616-501
a	Plan name	FOZIO ENTERPRISES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FOZIO ENTERPRISES	c EIN-PN 81-0549648-501
a	Plan name	FRANKS PLACE ON MARKET CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FRANKS PLACE ON MARKET	c EIN-PN 34-1728150-501
a	Plan name	FRASER AUTO LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FRASER AUTO LLC	c EIN-PN 45-5271338-501
a	Plan name	FRECKA PLUMBING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FRECKA PLUMBING	c EIN-PN 34-1293940-501
a	Plan name	FREMAR INDUSTRIES, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FREMAR INDUSTRIES, INC.	c EIN-PN 34-1368453-501
a	Plan name	FRIESS EQUIPMENT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FRIESS EQUIPMENT INC	c EIN-PN 34-0926334-501
a	Plan name	FRONT DOOR DELIVERY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FRONT DOOR DELIVERY	c EIN-PN 87-3503096-501
a	Plan name	FRONTLINE INTERNATIONAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FRONTLINE INTERNATIONAL	c EIN-PN 34-1963105-501
a	Plan name	FULL SWING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	FULL SWING LLC	c EIN-PN 88-1114762-501
a	Plan name	G STEPHENS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	G STEPHENS INC	c EIN-PN 34-1732984-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	G&B ANDERSON GARAGE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	G&B ANDERSON GARAGE	c EIN-PN 45-3759840-501
a	Plan name	G&B ANDERSON INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	G&B ANDERSON INC	c EIN-PN 34-1350945-501
a	Plan name	GALEHOUSE TREE FARMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GALEHOUSE TREE FARMS	c EIN-PN 34-1413796-502
a	Plan name	GANGLE CONSTRUCTION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GANGLE CONSTRUCTION LLC	c EIN-PN 47-4060595-501
a	Plan name	GENERAL PLASTEX CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GENERAL PLASTEX	c EIN-PN 34-1488779-502
a	Plan name	GEORGE WISCHT & SONS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GEORGE WISCHT & SONS INC	c EIN-PN 34-1531276-501
a	Plan name	GERRING & SONS CONSTRUCTION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GERRING & SONS CONSTRUCTION LLC	c EIN-PN 51-0582003-501
a	Plan name	GILHAM HOME IMPROVEMENTS, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GILHAM HOME IMPROVEMENTS, LLC	c EIN-PN 82-5419303-501
a	Plan name	GIONINO'S PIZZERIA INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GIONINOS PIZZERIA INC	c EIN-PN 34-1786765-501
a	Plan name	GISSINGER WELD AND FAB CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GISSINGER WELD AND FAB	c EIN-PN 81-3583382-501
a	Plan name	GLAMOUR EYES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GLAMOUR EYES LLC	c EIN-PN 83-4458198-501
a	Plan name	GLB ELECTRIC COMPANY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GLB ELECTRIC COMPANY LLC	c EIN-PN 20-5191185-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GLIK HOLDINGS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GLIK HOLDINGS LLC	c EIN-PN 87-4789671-501
a	Plan name	GLOBAL SPECIALTIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GLOBAL SPECIALTIES	c EIN-PN 34-0748385-501
a	Plan name	GLOW ELECTRICAL SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GLOW ELECTRICAL SERVICES	c EIN-PN 88-3835492-501
a	Plan name	GMJ MANAGEMENT CO LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GMJ MANAGEMENT CO LLC	c EIN-PN 27-5065686-501
a	Plan name	GOLDEN HAMMER REMODELING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GOLDEN HAMMER REMODELING	c EIN-PN 26-4793505-501
a	Plan name	GOMILLION FURNITURE SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GOMILLION FURNITURE SERVICES	c EIN-PN 38-2663820-502
a	Plan name	GOOD FAITH INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GOOD FAITH INC	c EIN-PN 34-1852499-501
a	Plan name	GP TREE SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GP TREE SERVICE	c EIN-PN 45-2152652-501
a	Plan name	GRABOWSKY PROPERTIES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GRABOWSKY PROPERTIES LLC	c EIN-PN 34-1761355-501
a	Plan name	GRACE PROPERTY SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GRACE PROPERTY SERVICES	c EIN-PN 46-1205433-501
a	Plan name	GRANT VISION CARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GRANT VISION CARE	c EIN-PN 34-1106273-501
a	Plan name	GRAY CPA INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GRAY CPA INC	c EIN-PN 34-1539896-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GREAT BEGINNINGS PEDIATRIC DENTISTRY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREAT BEGINNINGS PEDIATRIC DENTISTRY	c EIN-PN 85-3602692-501
a	Plan name	GREAT LAKE PACKERS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREAT LAKE PACKERS	c EIN-PN 34-1207268-501
a	Plan name	GREAT LAKES ARCHITECTURAL SERVICE SYSTEMS, INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREAT LAKES ARCHITECTURAL SERVICE SYSTEMS, INC	c EIN-PN 34-1723184-501
a	Plan name	GREAT LAKES INSTALLATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREAT LAKES INSTALLATION	c EIN-PN 34-1903681-501
a	Plan name	GREAT LAKES PORTABLES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREAT LAKES PORTABLES	c EIN-PN 46-2646236-502
a	Plan name	GREATER AKRON CHAMBER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREATER AKRON CHAMBER	c EIN-PN 34-1156576-501
a	Plan name	GREEN FOOT & ANKLE CARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREEN FOOT & ANKLE CARE	c EIN-PN 46-5089494-501
a	Plan name	GREENLAWN CEMETERY ASSOC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREENLAWN CEMETERY ASSOC	c EIN-PN 34-0264720-501
a	Plan name	GREENTOWN VOL FIRE DEPT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREENTOWN VOL FIRE DEPT	c EIN-PN 34-1625253-501
a	Plan name	GREY GHOST DBA SUGARBUSH CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GREY GHOST	c EIN-PN 20-3864307-501
a	Plan name	GRIDIRON GUYS CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GRIDIRON GUYS CONSTRUCTION	c EIN-PN 20-4468324-501
a	Plan name	GRIND ALL INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	GRIND ALL INC	c EIN-PN 34-1148835-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GRISI & BUDDE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor GRISI & BUDDE LLC	c EIN-PN 83-3520383-501
a	Plan name GRTSVILLE ANIMAL HOSPITAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor GRTSVILLE ANIMAL HOSPITAL	c EIN-PN 34-1965878-501
a	Plan name GRUBBS INVESTMENT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor GRUBBS INVESTMENT LLC	c EIN-PN 80-0108232-501
a	Plan name GTS COMMS & CABLING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor GTS COMMS & CABLING	c EIN-PN 34-1830514-502
a	Plan name GURBIS & ASSOC AGENCY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor GURBIS & ASSOC AGENCY	c EIN-PN 34-1402239-501
a	Plan name GURRERI HOLDINGS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor GURRERI HOLDINGS LLC	c EIN-PN 85-2293227-501
a	Plan name GZILA DESIGNS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor GZILA DESIGNS LLC	c EIN-PN 47-3960238-501
a	Plan name H & B MACHINE & TOOL INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor H & B MACHINE & TOOL INC	c EIN-PN 34-1111957-502
a	Plan name H&D CARPET CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor H&D CARPET	c EIN-PN 34-1665258-501
a	Plan name HABITAT FOR HUMANITY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY	c EIN-PN 34-1604235-501
a	Plan name HALAMAY COLOR LAB INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor HALAMAY COLOR LAB INC	c EIN-PN 34-1131807-501
a	Plan name HALL OF FAME MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor HALL OF FAME MANAGEMENT	c EIN-PN 34-1839373-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	HALLE'S ENGINEERING & DESIGN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HALLES ENGINEERING & DESIGN	c EIN-PN 85-3789989-501
a	Plan name	HANKS REFRIGERATION INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HANKS REFRIGERATION INC	c EIN-PN 34-1852068-501
a	Plan name	HANS NOBLE DESIGNS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HANS NOBLE DESIGNS LLC	c EIN-PN 27-2149562-501
a	Plan name	HARALSON ROOFING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HARALSON ROOFING	c EIN-PN 34-1214778-501
a	Plan name	HARD WAY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HARD WAY LLC	c EIN-PN 82-3553500-501
a	Plan name	HARDEN CEMENT CORP LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HARDEN CEMENT CORP LLC	c EIN-PN 88-3460648-501
a	Plan name	HARTVILLE TRAVEL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HARTVILLE TRAVEL	c EIN-PN 34-1290991-501
a	Plan name	HARVEST YOGA & WELLNESS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HARVEST YOGA & WELLNESS	c EIN-PN 83-4171070-501
a	Plan name	HAYZE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HAYZE INC	c EIN-PN 27-0176939-501
a	Plan name	HEALTH CARE IS SELF CARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HEALTH CARE IS SELF CARE	c EIN-PN 47-2750670-501
a	Plan name	HEALTH FIRST CHIROPRACTIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HEALTH FIRST CHIROPRACTIC	c EIN-PN 34-1873189-501
a	Plan name	HEALTHY SMILE CENTER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HEALTHY SMILE CENTER	c EIN-PN 34-1725991-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HEAR AGAIN HEARING CTR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HEAR AGAIN HEARING CTR	c EIN-PN 46-1295761-501
a	Plan name	HEAVY LIFT SYSTEMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HEAVY LIFT SYSTEMS	c EIN-PN 45-5230782-501
a	Plan name	HECKMAN EXCAVATING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HECKMAN EXCAVATING INC	c EIN-PN 20-2472020-502
a	Plan name	HELM CONSTRUCTION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HELM CONSTRUCTION LLC	c EIN-PN 47-4471342-501
a	Plan name	HERBERT USA INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HERBERT USA INC	c EIN-PN 06-1662596-501
a	Plan name	HERK EXCAVATING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HERK EXCAVATING INC	c EIN-PN 34-1185530-502
a	Plan name	HERMAN MACHINE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HERMAN MACHINE INC	c EIN-PN 34-1118995-501
a	Plan name	HERNANDEZ CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HERNANDEZ CONSTRUCTION	c EIN-PN 20-3413203-502
a	Plan name	HICKIN ENTERPRISE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HICKIN ENTERPRISE	c EIN-PN 34-1760660-501
a	Plan name	HICKMAN & LOWDER CO LPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HICKMAN & LOWDER CO LPA	c EIN-PN 34-1339792-501
a	Plan name	HIGH POINTE ROOFING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HIGH POINTE ROOFING	c EIN-PN 86-3525432-501
a	Plan name	HIGHLAND LANDSCAPE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HIGHLAND LANDSCAPE	c EIN-PN 37-1426754-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HINER GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HINER GROUP	c EIN-PN 87-2354468-501
a	Plan name	HIRING OPTICS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HIRING OPTICS LLC	c EIN-PN 47-3484522-501
a	Plan name	HOBBES LOGISTICS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HOBBES LOGISTICS INC	c EIN-PN 26-0452063-502
a	Plan name	HOFFMAN TREE SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HOFFMAN TREE SERVICE	c EIN-PN 81-1252833-501
a	Plan name	HOLKENBORG LANDSCAPE SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HOLKENBORG LANDSCAPE SERVICES	c EIN-PN 31-1428621-502
a	Plan name	HOLLOS PAPER CRAFT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HOLLOS PAPER CRAFT INC	c EIN-PN 20-8192645-501
a	Plan name	HOMETOWN SALES TEAM LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HOMETOWN SALES TEAM LLC	c EIN-PN 81-4643371-501
a	Plan name	HOPS THERAPY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HOPS THERAPY	c EIN-PN 80-0280129-501
a	Plan name	HOWARD & OBRIEN ASSOCIATES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HOWARD & OBRIEN ASSOCIATES	c EIN-PN 36-4565478-502
a	Plan name	HOWENSTINE GROUP LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HOWENSTINE GROUP LLC	c EIN-PN 83-3827930-501
a	Plan name	HR STRATEGIES SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HR STRATEGIES SOLUTIONS	c EIN-PN 46-5319975-501
a	Plan name	HUDSON CONSV OF BALLET CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HUDSON CONSV OF BALLET	c EIN-PN 47-1148605-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HUDSON EQUIPMENT CO., INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HUDSON EQUIPMENT CO. INC	c EIN-PN 34-1751597-501
a	Plan name	HUDSON FAMILY PRACTICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HUDSON FAMILY PRACTICE	c EIN-PN 34-1897076-501
a	Plan name	HUNGRY HORSE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HUNGRY HORSE LLC	c EIN-PN 87-3377510-501
a	Plan name	HUPP MARGOLIS & LEAK LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HUPP MARGOLIS & LEAK LLC	c EIN-PN 93-1881338-501
a	Plan name	HYDROSOL SYSTEM INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HYDROSOL SYSTEM INC	c EIN-PN 34-1780311-501
a	Plan name	HYPERION FNCTNL MEDICINE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	HYPERION FNCTNL MEDICINE	c EIN-PN 88-4274226-501
a	Plan name	I REID STENO INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	I REID STENO INC	c EIN-PN 83-2070462-502
a	Plan name	IDEAS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	IDEAS INC	c EIN-PN 31-1500203-501
a	Plan name	IDM INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	IDM INC	c EIN-PN 35-2343728-501
a	Plan name	IMAGE IZ BY DESIGN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	IMAGE IZ BY DESIGN	c EIN-PN 84-1424936-501
a	Plan name	IMPACT BUILDING SOLUTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	IMPACT BUILDING SOLUTION	c EIN-PN 30-0690391-501
a	Plan name	IMPACT GROUNDS MAINT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	IMPACT GROUNDS MAINT	c EIN-PN 02-0536218-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	IMPEL WEALTH MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	IMPEL WEALTH MANAGEMENT	c EIN-PN 81-5136026-501
a	Plan name	INCOM INTEGRATED COMPUTER SYSTEMS, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INCOM INTEGRATED COMPUTER SYSTEMS, INC.	c EIN-PN 34-1800598-501
a	Plan name	INDEPENDENCE CEMENT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INDEPENDENCE CEMENT LLC	c EIN-PN 81-5060029-501
a	Plan name	INDEPENDENT ELEVATOR LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INDEPENDENT ELEVATOR LLC	c EIN-PN 47-4465073-501
a	Plan name	INDUSTRIAL EQUIPMENT ERECTORS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INDUSTRIAL EQUIPMENT ERECTORS	c EIN-PN 51-0498539-501
a	Plan name	INDUSTRIAL SURFACE SEAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INDUSTRIAL SURFACE SEAL	c EIN-PN 34-0897672-502
a	Plan name	INFINITE AUTO GLASS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INFINITE AUTO GLASS LLC	c EIN-PN 27-1989274-501
a	Plan name	INFINITE SIMPLICITY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INFINITE SIMPLICITY LLC	c EIN-PN 20-0322797-501
a	Plan name	INFINITY HOMES & REMODEL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INFINITY HOMES & REMODEL	c EIN-PN 47-1229312-501
a	Plan name	INSPIRON LOGISTICS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INSPIRON LOGISTICS LLC	c EIN-PN 26-1549848-501
a	Plan name	INTEGRATED IT GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INTEGRATED IT GROUP	c EIN-PN 27-1980637-501
a	Plan name	INTEGRATED PLANNING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INTEGRATED PLANNING	c EIN-PN 34-1959794-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INTEGRITY COLLISION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INTEGRITY COLLISION LLC	c EIN-PN 83-3347746-501
a	Plan name	INTENTLY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INTENTLY LLC	c EIN-PN 87-4271569-501
a	Plan name	INTERIM SERVICES CORP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INTERIM SERVICES CORP	c EIN-PN 84-2100009-501
a	Plan name	INTERIOR GRAPHIC SYSTEMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INTERIOR GRAPHIC SYSTEMS	c EIN-PN 13-4267778-501
a	Plan name	INTERNATIONAL INSTALL IN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	INTERNATIONAL INSTALL IN	c EIN-PN 34-1141332-501
a	Plan name	ITR HOLDINGS LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ITR HOLDINGS LTD	c EIN-PN 20-3840705-501
a	Plan name	J A VILLA CONSULTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J A VILLA CONSULTING	c EIN-PN 26-2149085-501
a	Plan name	J CRAFT CONSULTING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J CRAFT CONSULTING LLC	c EIN-PN 27-4275942-501
a	Plan name	J D M GROWTH GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J D M GROWTH GROUP	c EIN-PN 83-2542245-501
a	Plan name	J MILLER LOGGING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J MILLER LOGGING LLC	c EIN-PN 33-1120660-501
a	Plan name	J&D FARMS TRANSPORTATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J&D FARMS TRANSPORTATION	c EIN-PN 47-3758892-502
a	Plan name	J&J INDUSTRIAL SALES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J&J INDUSTRIAL SALES INC	c EIN-PN 34-1739161-503

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	J&M INTERNATIONAL CORP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J&M INTERNATIONAL CORP	c EIN-PN 34-1697705-502
a	Plan name	J&P SWINGLE MECHANICAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J&P SWINGLE MECHANICAL	c EIN-PN 34-1120538-501
a	Plan name	J5 CONSTRUCTION & RESTORATION, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J5 CONSTRUCTION & RESTORATION, LLC	c EIN-PN 83-2440082-501
a	Plan name	J6 LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	J6 LLC	c EIN-PN 83-3201076-501
a	Plan name	JADE MASSOTHERAPY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JADE MASSOTHERAPY	c EIN-PN 82-4943929-501
a	Plan name	JARAD SALES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JARAD SALES INC	c EIN-PN 94-3471388-501
a	Plan name	JARVIS INDUSTRIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JARVIS INDUSTRIES INC	c EIN-PN 34-1252858-501
a	Plan name	JASON B TERRY REALTOR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JASON B TERRY REALTOR	c EIN-PN 27-9502398-501
a	Plan name	JAWORSKI PHYSICAL THERAPY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JAWORSKI PHYSICAL THERAPY	c EIN-PN 31-1490517-502
a	Plan name	JC LANDSCAPING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JC LANDSCAPING	c EIN-PN 34-1910348-501
a	Plan name	JCS MANUFACTURING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JCS MANUFACTURING LLC	c EIN-PN 47-1425443-501
a	Plan name	JDH OFFICE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JDH OFFICE LLC	c EIN-PN 26-4657495-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JEFF THE PLUMBER INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JEFF THE PLUMBER INC	c EIN-PN 34-1601869-502
a	Plan name	JEFFERSON AUTO SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JEFFERSON AUTO SERVICES	c EIN-PN 83-2435515-501
a	Plan name	JEFFREY S MASIN MD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JEFFREY S MASIN MD	c EIN-PN 02-0559467-502
a	Plan name	JEM PLUMBING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JEM PLUMBING INC	c EIN-PN 46-2575366-501
a	Plan name	JENSEN ENDODONTICS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JENSEN ENDODONTICS INC	c EIN-PN 34-1143587-502
a	Plan name	JGR FINANCIAL SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JGR FINANCIAL SOLUTIONS	c EIN-PN 47-3801403-501
a	Plan name	JIM & SONS TRANSMISSION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JIM & SONS TRANSMISSION	c EIN-PN 34-1844897-501
a	Plan name	JODWAY HEATING & COOLING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JODWAY HEATING & COOLING	c EIN-PN 88-3283809-501
a	Plan name	JOHANNA K CONRAD DDS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JOHANNA K CONRAD DDS	c EIN-PN 45-5509636-501
a	Plan name	JOHN MCGEE INSURANCE AND FINANCIAL SERVICES, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JOHN MCGEE INSURANCE AND FINANCIAL SERVICES, LLC	c EIN-PN 47-3748611-501
a	Plan name	JOHN PIERSON LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JOHN PIERSON LLC	c EIN-PN 11-3547367-501
a	Plan name	JOHN SHUTSA & ASSOC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JOHN SHUTSA & ASSOC	c EIN-PN 80-0259266-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JOSEPH CONSTRUCTION INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JOSEPH CONSTRUCTION INC	c EIN-PN 34-1644120-502
a	Plan name	JOS-TECH INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JOS-TECH INC	c EIN-PN 34-1847544-502
a	Plan name	JR REYNOLDS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JR REYNOLDS LLC	c EIN-PN 27-4497612-501
a	Plan name	JREX MEDIA LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JREX MEDIA LLC	c EIN-PN 83-3152770-501
a	Plan name	JS CUSTOM CRAFT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JS CUSTOM CRAFT LLC	c EIN-PN 20-5132055-501
a	Plan name	JSCAPES DESIGN & INSTALL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JSCAPES DESIGN & INSTALL	c EIN-PN 86-1678932-501
a	Plan name	JT EATON AND CO INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JT EATON AND CO INC	c EIN-PN 34-0696651-502
a	Plan name	JUDY KOVACS CONSULTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JUDY KOVACS CONSULTING	c EIN-PN 83-4030289-501
a	Plan name	JUS B MEDIA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JUS B MEDIA	c EIN-PN 47-4317932-501
a	Plan name	JUST RITE PLUMBING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JUST RITE PLUMBING LLC	c EIN-PN 27-1518459-501
a	Plan name	JUSTICE & CO DBA ARCHITE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JUSTICE & CO DBA ARCHITE	c EIN-PN 20-2144622-501
a	Plan name	JVS GARAGE DOOR COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	JVS GARAGE DOOR COMPANY	c EIN-PN 34-1849598-502

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	K A HOLLAND GENERAL CONT CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	K A HOLLAND GENERAL CONT	c EIN-PN 06-1677733-501
a Plan name	K&K SERVICES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	K&K SERVICES INC	c EIN-PN 56-2308586-501
a Plan name	KAMM STAR CONTRACTORS CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KAMM STAR CONTRACTORS	c EIN-PN 45-2986475-501
a Plan name	KAMPHS HARDWARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KAMPHS HARDWARE	c EIN-PN 20-3048848-501
a Plan name	KANYA INDUSTRIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KANYA INDUSTRIES	c EIN-PN 81-5075500-501
a Plan name	KARE CONDOMINIUM MANAGE CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KARE CONDOMINIUM MANAGE	c EIN-PN 34-1500055-501
a Plan name	KAREN MILLER CRNA LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KAREN MILLER CRNA LLC	c EIN-PN 30-1746433-501
a Plan name	KARMAN RUBBER CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KARMAN RUBBER CO	c EIN-PN 34-0668027-502
a Plan name	KARON LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KARON LLC	c EIN-PN 47-1763535-501
a Plan name	KB BUSINESS CONSULTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KB BUSINESS CONSULTING	c EIN-PN 81-5130693-501
a Plan name	KC COLLISION CENTERS CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KC COLLISION CENTERS	c EIN-PN 84-4231470-501
a Plan name	KDK REPS, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	KDK REPS, INC.	c EIN-PN 61-1533913-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KEEPIN IT KLEEN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KEEPIN IT KLEEN	c EIN-PN 27-0150033-501
a	Plan name	KEITH & KIM BRADLEY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KEITH & KIM BRADLEY LLC	c EIN-PN 27-1420132-501
a	Plan name	KENS AUTO SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KENS AUTO SERVICE	c EIN-PN 32-0164292-501
a	Plan name	KENT AUTOMATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KENT AUTOMATION	c EIN-PN 46-3874316-501
a	Plan name	KENT MOLD & MFG CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KENT MOLD & MFG CO	c EIN-PN 34-0675512-501
a	Plan name	KENYON & SONS METAL PROCESSING INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KENYON & SONS METAL PROCESSING INC.	c EIN-PN 27-4282476-501
a	Plan name	KERGAARD CLEANERS, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KERGAARD CLEANERS, INC.	c EIN-PN 34-1785223-501
a	Plan name	KEVIN CRUM & COMPANY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KEVIN CRUM & COMPANY INC	c EIN-PN 34-1897853-501
a	Plan name	KEVIN D YODER MASONRY INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KEVIN D YODER MASONRY INC.	c EIN-PN 34-1867144-501
a	Plan name	KH SALES MANAGEMENT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KH SALES MANAGEMENT LLC	c EIN-PN 84-3627065-501
a	Plan name	KHF INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KHF INC	c EIN-PN 34-1725886-501
a	Plan name	KIDDIE ACADEMY AVON LAKE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KIDDIE ACADEMY AVON LAKE	c EIN-PN 84-3512761-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KIEFER TOOL & MOLD INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KIEFER TOOL & MOLD INC	c EIN-PN 34-1121339-502
a	Plan name	KIEO PUNG DDS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KIEO PUNG DDS	c EIN-PN 20-2073645-501
a	Plan name	KIMMEL HEATING & AIR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KIMMEL HEATING & AIR	c EIN-PN 34-1897949-501
a	Plan name	KLBJ ENTERPRISES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KLBJ ENTERPRISES	c EIN-PN 34-1516123-501
a	Plan name	KM STUDIOS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KM STUDIOS LLC	c EIN-PN 56-6352743-501
a	Plan name	KMB INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KMB INC	c EIN-PN 34-1557944-503
a	Plan name	KNIGHT SOUND & LIGHTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KNIGHT SOUND & LIGHTING	c EIN-PN 20-4079526-501
a	Plan name	KOLENZ TRANSPORT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KOLENZ TRANSPORT INC	c EIN-PN 34-1796859-501
a	Plan name	KOLLMANS GREENHOUSE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KOLLMANS GREENHOUSE	c EIN-PN 34-1689957-502
a	Plan name	KOLONY BOWL & MEMORY LANE EVENT CENTER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KOLONY BOWL & MEMORY LANE EVENT CENTER	c EIN-PN 82-1387155-501
a	Plan name	KORKAN GRANITE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KORKAN GRANITE	c EIN-PN 56-2308584-501
a	Plan name	KOSMIN WEALTH MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KOSMIN WEALTH MANAGEMENT	c EIN-PN 20-3364112-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	KOVEIN CONCRETE CONST CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KOVEIN CONCRETE CONST	c EIN-PN 46-4378100-501
a	Plan name	KRAIG & KRAIG CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KRAIG & KRAIG	c EIN-PN 34-1804734-501
a	Plan name	KROMHARD TWISTS DRILL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KROMHARD TWISTS DRILL LLC	c EIN-PN 84-3605031-501
a	Plan name	KS FURNITURE SALES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KS FURNITURE SALES INC	c EIN-PN 83-1593091-501
a	Plan name	KUPER HILTON & KAMINSKI CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	KUPER HILTON & KAMINSKI	c EIN-PN 34-1718091-502
a	Plan name	Kwasnicka PA Servces LLC Chamber Benefit Arrangement Plan	
b	Name of plan sponsor	Kwasnicka PA Servces LLC	c EIN-PN 87-3394958-501
a	Plan name	Kyles Excavating LLC Chamber Benefit Arrangement Plan	
b	Name of plan sponsor	Kyles Excavating LLC	c EIN-PN 46-4780221-501
a	Plan name	L Wood Consulting LLC Chamber Benefit Arrangement Plan	
b	Name of plan sponsor	L Wood Consulting LLC	c EIN-PN 81-0799988-501
a	Plan name	LA Famiglia Corp Chamber Benefit Arrangement Plan	
b	Name of plan sponsor	LA Famiglia Corp	c EIN-PN 27-1774902-501
a	Plan name	Lager & Vine Chamber Benefit Arrangement Plan	
b	Name of plan sponsor	Lager & Vine	c EIN-PN 45-4552071-501
a	Plan name	Lagrange Electrical Chamber Benefit Arrangement Plan	
b	Name of plan sponsor	Lagrange Electrical	c EIN-PN 34-1084493-501
a	Plan name	Lake Forest Country Club Chamber Benefit Arrangement Plan	
b	Name of plan sponsor	Lake Forest Country Club	c EIN-PN 34-0766500-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LAKEWOOD TIRE PROS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LAKEWOOD TIRE PROS	c EIN-PN 93-4615590-501
a	Plan name	LAMFAMENT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LAMFAMENT LLC	c EIN-PN 46-3302506-501
a	Plan name	LAMPHEARS LAWN SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LAMPHEARS LAWN SERVICE	c EIN-PN 26-4102500-501
a	Plan name	LANGSTONS ULTMATE CLEANING SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LANGSTONS ULTMATE CLEANING SERVICES	c EIN-PN 30-0048355-501
a	Plan name	LASKEY COSTELLO LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LASKEY COSTELLO LLC	c EIN-PN 45-5224317-501
a	Plan name	LASKO ENTERPRISES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LASKO ENTERPRISES	c EIN-PN 34-1775090-502
a	Plan name	LATEK & RYBICKI FUNERAL HOME CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LATEK & RYBICKI FUNERAL HOME	c EIN-PN 47-2608653-501
a	Plan name	LAURA THOMAS EA CPA LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LAURA THOMAS EA CPA LLC	c EIN-PN 47-2599174-501
a	Plan name	LAWN RANGER LAWN & LANDSCAPING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LAWN RANGER LAWN & LANDSCAPING	c EIN-PN 20-0642468-501
a	Plan name	LEADERSHIP AKRON CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LEADERSHIP AKRON	c EIN-PN 31-1655877-501
a	Plan name	LEADING EDGE SALES & MARKETING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LEADING EDGE SALES & MARKETING LLC	c EIN-PN 87-1288104-501
a	Plan name	LEEDY ECOMMERCE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LEEDY ECOMMERCE LLC	c EIN-PN 80-0299098-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LEEK BROKERAGE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LEEK BROKERAGE	c EIN-PN 30-0265617-501
a	Plan name	LEES HEATING & AIR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LEES HEATING & AIR	c EIN-PN 34-1740646-501
a	Plan name	LEEZ DEZIGNZ CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LEEZ DEZIGNZ	c EIN-PN 82-4261790-501
a	Plan name	LEGAL PAD ANTS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LEGAL PAD ANTS LLC	c EIN-PN 82-4469381-501
a	Plan name	LENTZ & NOBLE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LENTZ & NOBLE LLC	c EIN-PN 46-4627828-501
a	Plan name	LENUS PROPERTIES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LENUS PROPERTIES LLC	c EIN-PN 46-4256770-501
a	Plan name	LEONARD & TERZOLA CO LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LEONARD & TERZOLA CO LTD	c EIN-PN 47-4139905-502
a	Plan name	LERO ROLLENCE & MOINETTE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LERO ROLLENCE & MOINETTE	c EIN-PN 34-0817352-501
a	Plan name	LETTERGRAPHICS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LETTERGRAPHICS INC	c EIN-PN 34-1536084-501
a	Plan name	LEUENBERGER MASTER CLEAN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LEUENBERGER MASTER CLEAN	c EIN-PN 34-1126422-501
a	Plan name	LIAM GUINEY INVESTMENT ADVISOR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LIAM GUINEY INVESTMENT ADVISOR	c EIN-PN 04-4488500-501
a	Plan name	LIFE SAFETY SYSTEMS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LIFE SAFETY SYSTEMS LLC	c EIN-PN 20-1239705-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	LIGHTING DYNAMINCS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LIGHTING DYNAMINCS INC	c EIN-PN 34-1835765-501
a Plan name	LINCOLN STREET INK LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LINCOLN STREET INK LLC	c EIN-PN 27-4192440-501
a Plan name	LINDA DINUNZIO INSURANCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LINDA DINUNZIO INSURANCE	c EIN-PN 34-1926741-501
a Plan name	LINEX AKRON & MEDINA CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LINEX AKRON & MEDINA	c EIN-PN 32-0368149-502
a Plan name	LITTLE IRELAND FEED LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LITTLE IRELAND FEED LLC	c EIN-PN 20-2254105-502
a Plan name	LITTS HARDWARE & PLUMBING CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LITTS HARDWARE & PLUMBING	c EIN-PN 34-0921498-501
a Plan name	LIVE WELL HEALTH COACH CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LIVE WELL HEALTH COACH	c EIN-PN 86-3316420-501
a Plan name	LLOYDS TOWING INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LLOYDS TOWING INC.	c EIN-PN 35-2277167-501
a Plan name	LMS BMW AND MINI SPECIALISTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LMS BMW AND MINI SPECIALISTS	c EIN-PN 82-1984091-501
a Plan name	LOCALICIOUS SIRNAS PIZZA CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LOCALICIOUS SIRNAS PIZZA	c EIN-PN 46-3975906-501
a Plan name	LOG CABIN SPORT SHOP INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LOG CABIN SPORT SHOP INC.	c EIN-PN 34-1115780-501
a Plan name	LOLO SOCIAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b Name of plan sponsor	LOLO SOCIAL LLC	c EIN-PN 47-3827717-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LONG & SHORT OF IT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LONG & SHORT OF IT	c EIN-PN 30-0891329-501
a	Plan name	LONGS CONTRACTING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LONGS CONTRACTING LLC	c EIN-PN 46-4751861-501
a	Plan name	LONGWORTH CHIROPRACTIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LONGWORTH CHIROPRACTIC	c EIN-PN 34-1586846-501
a	Plan name	LOOP XPRESS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LOOP XPRESS INC	c EIN-PN 82-1278856-502
a	Plan name	LORAIN COUNTY CHAMBER OF COMMERCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LORAIN COUNTY CHAMBER OF COMMERCE	c EIN-PN 34-1557587-502
a	Plan name	LORETO PROPERTIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LORETO PROPERTIES INC	c EIN-PN 34-1600514-502
a	Plan name	LOVELESS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LOVELESS INC	c EIN-PN 26-0850018-501
a	Plan name	LOWRY HEATING & COOLING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LOWRY HEATING & COOLING	c EIN-PN 83-1882730-502
a	Plan name	LPRFB LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LPRFB LLC	c EIN-PN 83-4300096-501
a	Plan name	LUCERTOLAS SALON LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LUCERTOLAS SALON LLC	c EIN-PN 80-0554124-501
a	Plan name	LUMBERTON INDUSTRIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LUMBERTON INDUSTRIES	c EIN-PN 34-1666988-501
a	Plan name	LUMEN NATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LUMEN NATION	c EIN-PN 47-3757333-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LUN EXPRESS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LUN EXPRESS	c EIN-PN 81-2716858-501
a	Plan name	LUTE CONSTRUCTION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LUTE CONSTRUCTION LLC	c EIN-PN 82-1881619-501
a	Plan name	LYLES JEWELRY & COIN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LYLES JEWELRY & COIN	c EIN-PN 34-0310124-501
a	Plan name	LYNK PACKAGING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LYNK PACKAGING INC	c EIN-PN 26-2646955-501
a	Plan name	LYN-WAY RESTAURANT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	LYN-WAY RESTAURANT INC	c EIN-PN 34-1134481-501
a	Plan name	M & L SUPPLY COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	M & L SUPPLY COMPANY	c EIN-PN 34-0747678-501
a	Plan name	M & M PROFESSIONAL PROPERTY SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	M & M PROFESSIONAL PROPERTY SERVICES	c EIN-PN 34-1714089-501
a	Plan name	M & S FINANCIAL SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	M & S FINANCIAL SERVICES	c EIN-PN 45-4167676-502
a	Plan name	M SQUARED COMPANIES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	M SQUARED COMPANIES LLC	c EIN-PN 81-3966136-501
a	Plan name	M&K CONSULTING & MGMT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	M&K CONSULTING & MGMT	c EIN-PN 92-0860012-501
a	Plan name	M&M ELECTRICAL CONTRCTRS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	M&M ELECTRICAL CONTRCTRS	c EIN-PN 34-1940297-501
a	Plan name	M&M SAFETY SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	M&M SAFETY SOLUTIONS LLC	c EIN-PN 81-2839130-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	M&R MANUFACTURING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	M&R MANUFACTURING	c EIN-PN 73-1677653-501
a	Plan name	MAD CONCEPTS GARAGE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAD CONCEPTS GARAGE LLC	c EIN-PN 86-2041925-501
a	Plan name	MADFISH SOLUTIONS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MADFISH SOLUTIONS LLC	c EIN-PN 45-4789214-501
a	Plan name	MADZAY COLOR GRAPHICS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MADZAY COLOR GRAPHICS	c EIN-PN 35-2491269-502
a	Plan name	MAG RESOURCES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAG RESOURCES	c EIN-PN 26-0617674-502
a	Plan name	MAGIC CITY MACHINE, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAGIC CITY MACHINE, INC.	c EIN-PN 34-1883356-501
a	Plan name	MAGIC CITY MOTORCARS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAGIC CITY MOTORCARS INC	c EIN-PN 34-1667167-501
a	Plan name	MAHONING VALLEY MVP HOME CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAHONING VALLEY MVP HOME	c EIN-PN 52-2308294-502
a	Plan name	MAKARICH STRUCTURAL ENGINEERING, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAKARICH STRUCTURAL ENGINEERING, LLC	c EIN-PN 82-2376209-501
a	Plan name	MAMSYS CONSULTING SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAMSYS CONSULTING SERVICES	c EIN-PN 45-4035085-502
a	Plan name	MANHATTAN CLEANING SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MANHATTAN CLEANING SERVICE	c EIN-PN 85-1260285-501
a	Plan name	MANTUA HARDWARE LAWN AND GARDEN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MANTUA HARDWARE LAWN AND GARDEN LLC	c EIN-PN 45-2605003-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MANTUA JAY ENTERPRISES INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MANTUA JAY ENTERPRISES INC.	c EIN-PN 20-5370773-502
a	Plan name	MAPLE HEIGHTS HARDWARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAPLE HEIGHTS HARDWARE	c EIN-PN 34-0909420-501
a	Plan name	MARANATHA MECHANICAL SERVICES, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARANATHA MECHANICAL SERVICES, LLC	c EIN-PN 82-1559702-501
a	Plan name	MARBRI CONSTRUC & SUPPLY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARBRI CONSTRUC & SUPPLY	c EIN-PN 34-1351962-501
a	Plan name	MARCHETTA ARCHITECTURAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARCHETTA ARCHITECTURAL	c EIN-PN 34-1784792-501
a	Plan name	MARCINKOWEY MORTUARY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARCINKOWEY MORTUARY	c EIN-PN 35-2173427-501
a	Plan name	MARGIDA & ASSOC INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARGIDA & ASSOC INC	c EIN-PN 11-3689314-501
a	Plan name	MARIE A CALABRESE DMD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARIE A CALABRESE DMD	c EIN-PN 38-3655150-501
a	Plan name	MARK ALL ENTERPRISES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARK ALL ENTERPRISES LLC	c EIN-PN 34-1972762-501
a	Plan name	MARKLEY REALTY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARKLEY REALTY INC	c EIN-PN 34-1774230-501
a	Plan name	MARKS BUILDING COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARKS BUILDING COMPANY	c EIN-PN 34-1822515-502
a	Plan name	MARKS CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARKS CONSTRUCTION	c EIN-PN 34-1272359-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MARKS VACATION HOMES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARKS VACATION HOMES LLC	c EIN-PN 45-3576466-501
a	Plan name	MARY HANNA WINCH-KORFF CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MARY HANNA WINCH-KORFF	c EIN-PN 26-2318782-501
a	Plan name	MASTERNAK REAL ESTATE, LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MASTERNAK REAL ESTATE, LTD	c EIN-PN 82-3303441-501
a	Plan name	MAX BLASTER LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAX BLASTER LLC	c EIN-PN 82-2141969-501
a	Plan name	MAXIMUM PERFORMANCE & HANDLING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAXIMUM PERFORMANCE & HANDLING	c EIN-PN 34-1961953-501
a	Plan name	MAXIMUS MEDIA LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MAXIMUS MEDIA LLC	c EIN-PN 45-2958858-501
a	Plan name	MCAFFEE TOOL & DIE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MCAFFEE TOOL & DIE INC	c EIN-PN 34-1206392-501
a	Plan name	MCCASKEY LNDSP&E & DESIGN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MCCASKEY LNDSP&E & DESIGN	c EIN-PN 20-0828090-501
a	Plan name	MCCLEERY LAW FIRM LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MCCLEERY LAW FIRM LLC	c EIN-PN 45-5275099-502
a	Plan name	MCJAK CANDY COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MCJAK CANDY COMPANY	c EIN-PN 34-1825892-501
a	Plan name	MCMAHON MANAGEMENT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MCMAHON MANAGEMENT LLC	c EIN-PN 82-3456155-501
a	Plan name	MCMILLEN CHIROPRACTIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MCMILLEN CHIROPRACTIC	c EIN-PN 34-1557044-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MEADOW RUN LABRADORS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MEADOW RUN LABRADORS	c EIN-PN 34-1934302-501
a	Plan name	MEDINA EXTERIORS & REMDL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MEDINA EXTERIORS & REMDL	c EIN-PN 34-1861270-501
a	Plan name	MEDINA GLASS BLOCK CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MEDINA GLASS BLOCK	c EIN-PN 34-1479495-501
a	Plan name	MEGAN DAWSON SALES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MEGAN DAWSON SALES LLC	c EIN-PN 85-4263895-501
a	Plan name	MEGLIO SALON & SPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MEGLIO SALON & SPA	c EIN-PN 88-0692264-501
a	Plan name	MEL WACKER SIGNS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MEL WACKER SIGNS	c EIN-PN 34-1577681-501
a	Plan name	MEMORIAL ANIMAL HOSPITAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MEMORIAL ANIMAL HOSPITAL	c EIN-PN 34-1820979-501
a	Plan name	MERIDIAN SWIMWEAR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MERIDIAN SWIMWEAR	c EIN-PN 88-1827244-501
a	Plan name	METAL & WIRE PRODUCTS CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	METAL & WIRE PRODUCTS CO	c EIN-PN 34-1759197-501
a	Plan name	MG PROMOTIONS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MG PROMOTIONS LLC	c EIN-PN 27-0210444-501
a	Plan name	MI BELLA AESTHETICS OHIO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MI BELLA AESTHETICS OHIO	c EIN-PN 87-4709543-501
a	Plan name	MICELI CLASS CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MICELI CLASS CO	c EIN-PN 34-1612838-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MICHAEL GUIRGUIS DDS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MICHAEL GUIRGUIS DDS INC	c EIN-PN 34-1875108-501
a	Plan name	MICHAEL KAUFMAN CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MICHAEL KAUFMAN CO	c EIN-PN 34-1638162-501
a	Plan name	MICHAEL S SCHAFER, INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MICHAEL S SCHAFER, INC	c EIN-PN 34-1950706-501
a	Plan name	MICHAEL T CONWAY ESQ CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MICHAEL T CONWAY ESQ	c EIN-PN 27-8583958-501
a	Plan name	MIDCAP & COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MIDCAP & COMPANY	c EIN-PN 34-1313639-501
a	Plan name	MIDDLEBRANCH COLLISION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MIDDLEBRANCH COLLISION	c EIN-PN 20-3973315-501
a	Plan name	MIDDLEFIELD PALLET INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MIDDLEFIELD PALLET INC	c EIN-PN 04-3745583-501
a	Plan name	MIDWEST INTEGRATION & AUTOMATION INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MIDWEST INTEGRATION & AUTOMATION INC	c EIN-PN 20-5808775-501
a	Plan name	MIDWEST MACHINE SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MIDWEST MACHINE SERVICE	c EIN-PN 26-1130540-501
a	Plan name	MIGHTY AUTO PRO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MIGHTY AUTO PRO	c EIN-PN 34-1627127-501
a	Plan name	MIKE DUNN MASONRY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MIKE DUNN MASONRY LLC	c EIN-PN 30-0497953-501
a	Plan name	MIKE FREDERICKS INSURNCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MIKE FREDERICKS INSURNCE	c EIN-PN 47-2746403-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MIKES MARKET CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MIKES MARKET	c EIN-PN 83-3894217-501
a	Plan name	MILL SUPPLY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MILL SUPPLY	c EIN-PN 34-1015622-501
a	Plan name	MILLER EXPRESS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MILLER EXPRESS	c EIN-PN 34-1741413-501
a	Plan name	MILLER GARAGE DOOR CO. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MILLER GARAGE DOOR CO.	c EIN-PN 03-0494135-501
a	Plan name	MILLS MILLS FIELY LUCAS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MILLS MILLS FIELY LUCAS	c EIN-PN 46-5340753-502
a	Plan name	MINGLEWOOD DISTILLING CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MINGLEWOOD DISTILLING CO	c EIN-PN 47-5534927-501
a	Plan name	MITCHELL WOODWORKING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MITCHELL WOODWORKING	c EIN-PN 34-1954411-502
a	Plan name	ML TELECOM SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ML TELECOM SERVICES	c EIN-PN 46-1435192-501
a	Plan name	MLI PROPERTIES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MLI PROPERTIES LLC	c EIN-PN 51-0585960-502
a	Plan name	MNL MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MNL MANAGEMENT	c EIN-PN 47-5024725-501
a	Plan name	MOBILITY AGILITY QUICKNESS, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MOBILITY AGILITY QUICKNESS, LLC	c EIN-PN 81-1589573-501
a	Plan name	MODERN CHIROPRACTIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MODERN CHIROPRACTIC	c EIN-PN 82-2970009-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MODERN DAY MUFFLER & BRAKE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MODERN DAY MUFFLER & BRAKE	c EIN-PN 47-5665467-501
a	Plan name	MODERN DESIGNS INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MODERN DESIGNS INC.	c EIN-PN 34-1723222-501
a	Plan name	MOGADORE EYE CARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MOGADORE EYE CARE	c EIN-PN 84-2848180-501
a	Plan name	MOLNAR ENTERPRISES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MOLNAR ENTERPRISES INC	c EIN-PN 34-1817003-501
a	Plan name	MOMS GOURMET LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MOMS GOURMET LLC	c EIN-PN 26-3108928-501
a	Plan name	MONARCH PRODUCTS COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MONARCH PRODUCTS COMPANY	c EIN-PN 34-0813831-501
a	Plan name	MONROE PLUMBING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MONROE PLUMBING	c EIN-PN 34-1588695-501
a	Plan name	MOONLIGHT INDUSTRIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MOONLIGHT INDUSTRIES INC	c EIN-PN 34-1581799-501
a	Plan name	MOORES RV CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MOORES RV	c EIN-PN 34-0947175-501
a	Plan name	MPG CAULKING & RESTORATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MPG CAULKING & RESTORATION	c EIN-PN 27-3519260-501
a	Plan name	MR MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MR MANAGEMENT	c EIN-PN 32-0226010-501
a	Plan name	MR WRENCHES OF AKRON CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MR WRENCHES OF AKRON	c EIN-PN 83-3336141-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MSJ SERVICES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MSJ SERVICES INC	c EIN-PN 27-0511961-501
a	Plan name	MT CONTRACTING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MT CONTRACTING LLC	c EIN-PN 20-5536995-501
a	Plan name	MUDD CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MUDD CONSTRUCTION	c EIN-PN 85-0880040-501
a	Plan name	MUNROE FALLS FAMILY DENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MUNROE FALLS FAMILY DENT	c EIN-PN 20-2135991-501
a	Plan name	MW SCREENWRITERS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MW SCREENWRITERS LLC	c EIN-PN 92-2857113-501
a	Plan name	MY PLUMBER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MY PLUMBER	c EIN-PN 34-1560575-501
a	Plan name	MYKOLA ENTERPRISES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	MYKOLA ENTERPRISES INC	c EIN-PN 81-5148279-501
a	Plan name	N CANTON RACQUET CLUB CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	N CANTON RACQUET CLUB	c EIN-PN 34-1906032-501
a	Plan name	NADER REALTY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NADER REALTY LLC	c EIN-PN 85-1856369-501
a	Plan name	NANCCO PROPERTY MGMT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NANCCO PROPERTY MGMT	c EIN-PN 20-1245426-501
a	Plan name	NATHANS AUTOMOTIVE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NATHANS AUTOMOTIVE	c EIN-PN 45-3328597-501
a	Plan name	NATHANS LAWN & LANDSCPE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NATHANS LAWN & LANDSCPE	c EIN-PN 83-1737051-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NE OHIO FULFILLMENT CENTER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NE OHIO FULFILLMENT CENTER	c EIN-PN 34-1938588-502
a	Plan name	NEAL LENGACHER CUSTM FRM CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NEAL LENGACHER CUSTM FRM	c EIN-PN 46-0622278-501
a	Plan name	NELSON ALUMINUM FOUNDRY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NELSON ALUMINUM FOUNDRY	c EIN-PN 34-1323582-502
a	Plan name	NEO FENCE COMPANY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NEO FENCE COMPANY INC	c EIN-PN 34-1700056-502
a	Plan name	NEO REHAB SPECIALISTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NEO REHAB SPECIALISTS	c EIN-PN 82-1185004-501
a	Plan name	NEW WORLD SPICE & TEA TRADERS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NEW WORLD SPICE & TEA TRADERS	c EIN-PN 88-1425699-501
a	Plan name	NEXLEVEL DESIGN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NEXLEVEL DESIGN LLC	c EIN-PN 81-3468473-501
a	Plan name	NGC GROUP LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NGC GROUP LLC	c EIN-PN 45-3412761-501
a	Plan name	NICKAY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NICKAY INC	c EIN-PN 34-1802601-501
a	Plan name	NJK DDS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NJK DDS	c EIN-PN 72-1542877-501
a	Plan name	NMS WEALTH MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NMS WEALTH MANAGEMENT	c EIN-PN 26-2674400-501
a	Plan name	NNPS CO INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NNPS CO INC	c EIN-PN 61-1952935-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NO LIMIT TRANSPORTATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NO LIMIT TRANSPORTATION	c EIN-PN 45-5604243-501
a	Plan name	NORDEC INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORDEC INC	c EIN-PN 34-0905229-501
a	Plan name	NORLSON INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORLSON INC	c EIN-PN 34-1384106-501
a	Plan name	NORTH CANTON TRUCK CENTER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTH CANTON TRUCK CENTER	c EIN-PN 20-2027340-501
a	Plan name	NORTH COAST AIR CARE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTH COAST AIR CARE INC	c EIN-PN 20-3469226-501
a	Plan name	NORTH COAST FIELDHOUSE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTH COAST FIELDHOUSE	c EIN-PN 81-1548494-501
a	Plan name	NORTH COAST WIRELESS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTH COAST WIRELESS	c EIN-PN 20-1469831-501
a	Plan name	NORTH EAST DYNAMIC DATA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTH EAST DYNAMIC DATA	c EIN-PN 34-1842545-501
a	Plan name	NORTH ROYALTON POWER EQUIPMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTH ROYALTON POWER EQUIPMENT	c EIN-PN 65-1310818-501
a	Plan name	NORTHCOAST INC REC SPEC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTHCOAST INC REC SPEC	c EIN-PN 34-1773265-501
a	Plan name	NORTHCOAST PETS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTHCOAST PETS	c EIN-PN 34-1521221-501
a	Plan name	NORTHEAST PROFESSIONAL HOME CARE, INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTHEAST PROFESSIONAL HOME CARE, INC	c EIN-PN 34-1804525-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NORTHEASTERN RESOURCES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTHEASTERN RESOURCES LLC	c EIN-PN 90-1081381-501
a	Plan name	NORTHERN CONSTRUCTION MANGEMENT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTHERN CONSTRUCTION MANGEMENT INC	c EIN-PN 20-8137656-502
a	Plan name	NORTHERN OHIO EQUIPMENT SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTHERN OHIO EQUIPMENT SERVICES	c EIN-PN 34-1748292-501
a	Plan name	NORTHSIDE REHABILITATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORTHSIDE REHABILITATION	c EIN-PN 43-2016080-501
a	Plan name	NORWESCOR HOLSTEINS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NORWESCOR HOLSTEINS INC	c EIN-PN 34-1844002-501
a	Plan name	NOVAKS CONSTRUCTION, INC CHAMBER BENEFIT ARRANGEMENT PLAN423720	
b	Name of plan sponsor	NOVAKS CONSTRUCTION, INC	c EIN-PN 37-1906067-501
a	Plan name	NOVATNY ELECTRIC CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NOVATNY ELECTRIC CO	c EIN-PN 34-0660895-501
a	Plan name	NRH ELECTRIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NRH ELECTRIC	c EIN-PN 34-1104522-501
a	Plan name	NUTRON NAMEPLATE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NUTRON NAMEPLATE INC	c EIN-PN 34-1011961-501
a	Plan name	NW PROPERTY MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NW PROPERTY MANAGEMENT	c EIN-PN 45-5618375-501
a	Plan name	NYZAK DELIVERY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	NYZAK DELIVERY	c EIN-PN 45-5402811-501
a	Plan name	OAKTEN INVESTMENTS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	OAKTEN INVESTMENTS LLC	c EIN-PN 26-0775208-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name OBRYAN GROUNDS MAINT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OBRYAN GROUNDS MAINT INC	c EIN-PN 20-0581474-501
a	Plan name OHIO CALCULATING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OHIO CALCULATING INC	c EIN-PN 34-0948118-501
a	Plan name OHIO ERIE & CANALWAY COL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OHIO ERIE & CANALWAY COL	c EIN-PN 34-1636766-501
a	Plan name OHIO INDUSTRIAL GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OHIO INDUSTRIAL GROUP	c EIN-PN 34-1253248-501
a	Plan name OHIO LANDSCAPE ASSOCIAT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OHIO LANDSCAPE ASSOCIATION	c EIN-PN 34-1665391-501
a	Plan name OHIO MUNICIPAL ADVISORY COUNCIL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OHIO MUNICIPAL ADVISORY COUNCIL	c EIN-PN 34-0439520-501
a	Plan name OHIO PAINT MODIFICATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OHIO PAINT MODIFICATION	c EIN-PN 46-2053417-501
a	Plan name OJIM INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OJIM INC	c EIN-PN 34-1210943-501
a	Plan name OKSK LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OKSK LLC	c EIN-PN 86-2884313-501
a	Plan name OLD FORGE SERVICES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OLD FORGE SERVICES INC	c EIN-PN 34-1923167-501
a	Plan name OMEM LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor OMEM LLC	c EIN-PN 83-0514408-501
a	Plan name ON TIME DELIVERY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ON TIME DELIVERY INC	c EIN-PN 34-1817709-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	OPTIMUM BENEFITS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	OPTIMUM BENEFITS INC	c EIN-PN 34-1847231-501
a	Plan name	OREILLY EQUIPMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	OREILLY EQUIPMENT	c EIN-PN 34-0066911-501
a	Plan name	ORGANIC WAY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ORGANIC WAY LLC	c EIN-PN 34-1325184-501
a	Plan name	OROSZ EXCAVATING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	OROSZ EXCAVATING LLC	c EIN-PN 88-2370652-501
a	Plan name	ORRVILLE CHAMBER OF COMMERCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ORRVILLE CHAMBER OF COMMERCE	c EIN-PN 34-0925574-501
a	Plan name	OSBOURN PLUMBING HEATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	OSBOURN PLUMBING HEATING	c EIN-PN 34-1787324-501
a	Plan name	OSI LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	OSI LLC	c EIN-PN 82-2963015-501
a	Plan name	OUTSIDE DESIGN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	OUTSIDE DESIGN LLC	c EIN-PN 83-4428581-501
a	Plan name	OWEN'S FLOORING COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	OWENS FLOORING COMPANY	c EIN-PN 34-1015353-503
a	Plan name	P3 INFRASTRUCTURE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	P3 INFRASTRUCTURE INC	c EIN-PN 45-5340855-501
a	Plan name	PALMER & SON EXCAVATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PALMER & SON EXCAVATING	c EIN-PN 34-1616639-501
a	Plan name	PARADYME MEDICAL SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PARADYME MEDICAL SERVICE	c EIN-PN 34-1959740-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PARAGRAM LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PARAGRAM LLC	c EIN-PN 81-3844814-501
a	Plan name	PARKSIDE RESTORATION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PARKSIDE RESTORATION LLC	c EIN-PN 87-3784383-501
a	Plan name	PARTNERS AUTO GROUP OF CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PARTNERS AUTO GROUP OF	c EIN-PN 34-1112778-501
a	Plan name	PATIBANDLA DENTAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PATIBANDLA DENTAL	c EIN-PN 20-2058738-501
a	Plan name	PATTONS TOWING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PATTONS TOWING	c EIN-PN 34-1849940-501
a	Plan name	PAUL GNALL INSURANCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PAUL GNALL INSURANCE	c EIN-PN 26-3992645-501
a	Plan name	PAUL LUCAS L & C INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PAUL LUCAS L & C INC	c EIN-PN 34-1541947-501
a	Plan name	PEAK POTENTIAL MANAGE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PEAK POTENTIAL MANAGE	c EIN-PN 83-2135862-501
a	Plan name	PEARL COFFEE COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PEARL COFFEE COMPANY	c EIN-PN 34-0764106-501
a	Plan name	PEARL LAW OFFICES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PEARL LAW OFFICES LLC	c EIN-PN 27-2585808-501
a	Plan name	PERFECT BALANCE GYMNASTICS & CHEER, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PERFECT BALANCE GYMNASTICS & CHEER, INC.	c EIN-PN 20-0010425-501
a	Plan name	PERFECT CONVERTER COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PERFECT CONVERTER COMPANY	c EIN-PN 26-0010283-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	PERFORMANCE ADDITIVES OF AMERICA, LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PERFORMANCE ADDITIVES OF AMERICA, LLC
c	EIN-PN	27-2977420-501
a	Plan name	PERFORMANCE CONCRETE SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PERFORMANCE CONCRETE SOLUTIONS
c	EIN-PN	47-3824490-501
a	Plan name	PERRINO CUSTOM BUILDERS CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PERRINO CUSTOM BUILDERS
c	EIN-PN	83-3129147-502
a	Plan name	PETERSON HEAT TREATING CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PETERSON HEAT TREATING
c	EIN-PN	92-3606937-501
a	Plan name	PETRUS HR SOLUTIONS LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PETRUS HR SOLUTIONS LLC
c	EIN-PN	27-4341240-501
a	Plan name	PHARMCO MANAGEMENT, LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PHARMCO MANAGEMENT, LLC
c	EIN-PN	47-2866645-501
a	Plan name	PHNOM PENH CAPITAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PHNOM PENH CAPITAL LLC
c	EIN-PN	47-2156155-501
a	Plan name	PHOENIX SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PHOENIX SERVICES
c	EIN-PN	81-5103888-501
a	Plan name	PHYSIO BALANCE & SPORTS PERFORMANCE CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PHYSIO BALANCE & SPORTS PERFORMANCE
c	EIN-PN	83-1589568-501
a	Plan name	PIER LON PARK LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PIER LON PARK LLC
c	EIN-PN	20-5366300-501
a	Plan name	PIERCE LEGAL GROUP CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PIERCE LEGAL GROUP
c	EIN-PN	46-1306026-501
a	Plan name	PILZ MACHINE CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	PILZ MACHINE
c	EIN-PN	34-1699547-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PITTS FIRE EXTINGUISHER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PITTS FIRE EXTINGUISHER	c EIN-PN 34-1503118-501
a	Plan name	PLAIN BROTHERS AUTO SERV CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PLAIN BROTHERS AUTO SERV	c EIN-PN 34-1216465-502
a	Plan name	PLATING PERCEPTIONS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PLATING PERCEPTIONS INC	c EIN-PN 34-1602204-502
a	Plan name	PLATINUM CARRIERS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PLATINUM CARRIERS	c EIN-PN 47-5572698-501
a	Plan name	PLATINUM CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PLATINUM CONSTRUCTION	c EIN-PN 24-2466856-501
a	Plan name	PLATINUM RESTORATION CON CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PLATINUM RESTORATION CON	c EIN-PN 34-1955257-501
a	Plan name	PLS MATERIALS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PLS MATERIALS	c EIN-PN 45-4942111-501
a	Plan name	PM GRAPHICS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PM GRAPHICS INC	c EIN-PN 34-1111316-502
a	Plan name	PNEUMATIC PARTS COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PNEUMATIC PARTS COMPANY	c EIN-PN 34-0837287-501
a	Plan name	PNM TRANSPORT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PNM TRANSPORT LLC	c EIN-PN 86-2174895-501
a	Plan name	POLAR PRODUCTS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	POLAR PRODUCTS INC	c EIN-PN 34-1455594-502
a	Plan name	POND SUPPLIES OF OHIO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	POND SUPPLIES OF OHIO	c EIN-PN 34-1899527-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PORCHLIGHT RENTAL SERV CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PORCHLIGHT RENTAL SERV	c EIN-PN 01-0784041-502
a	Plan name	PORTAGE DEVELOPMENT BOARD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PORTAGE DEVELOPMENT BOARD	c EIN-PN 27-1954310-501
a	Plan name	PORTAGE POINTE APARTMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PORTAGE POINTE APARTMENT	c EIN-PN 20-4055402-501
a	Plan name	POWER MEDIA INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	POWER MEDIA INC.	c EIN-PN 34-1912784-501
a	Plan name	PRACKO'S LANDSCAPING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PRACKOS LANDSCAPING LLC	c EIN-PN 82-2107963-501
a	Plan name	PREFERRED COMMUNICATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PREFERRED COMMUNICATION	c EIN-PN 34-1993708-501
a	Plan name	PREMIER CLEVELAND INVEST CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PREMIER CLEVELAND INVEST	c EIN-PN 85-2169190-501
a	Plan name	PREMIER CONTAINER LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PREMIER CONTAINER LLC	c EIN-PN 45-5282052-502
a	Plan name	PREMIER SEALS MFG CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PREMIER SEALS MFG	c EIN-PN 20-2511266-501
a	Plan name	PREMIER SHOT COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PREMIER SHOT COMPANY	c EIN-PN 34-1569782-502
a	Plan name	PRENTICE HEALTH LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PRENTICE HEALTH LLC	c EIN-PN 45-4417255-501
a	Plan name	PRESTIGE FOOT & ANKLE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PRESTIGE FOOT & ANKLE	c EIN-PN 45-5184948-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PRESTIGE PROPERTY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PRESTIGE PROPERTY	c EIN-PN 81-5326427-501
a	Plan name	PROFESSIONAL STEALTH MKT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PROFESSIONAL STEALTH MARKETING INC	c EIN-PN 77-0695550-501
a	Plan name	PROJECT DATA SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PROJECT DATA SOLUTIONS	c EIN-PN 45-5528560-501
a	Plan name	PROJECT LEARN OF SUMMIT COUNTY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PROJECT LEARN OF SUMMIT COUNTY	c EIN-PN 34-1491695-501
a	Plan name	PUEHLER TOOL CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PUEHLER TOOL CO	c EIN-PN 34-1554692-502
a	Plan name	PUERTO DESIGN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PUERTO DESIGN LLC	c EIN-PN 84-2821668-501
a	Plan name	PURSUIT ENTERPRISES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PURSUIT ENTERPRISES LLC	c EIN-PN 27-0821306-502
a	Plan name	PZG ENGINEERING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	PZG ENGINEERING LLC	c EIN-PN 42-2042807-501
a	Plan name	QUALITY GLASS & MIRROR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	QUALITY GLASS & MIRROR	c EIN-PN 31-1583874-502
a	Plan name	QUBE CORPORATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	QUBE CORPORATION	c EIN-PN 34-1723387-501
a	Plan name	QUES INDUSTRIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	QUES INDUSTRIES INC	c EIN-PN 34-1402791-501
a	Plan name	QUICK TURN MACHINING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	QUICK TURN MACHINING LLC	c EIN-PN 46-3066063-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	R S INDUSTRIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	R S INDUSTRIES INC	c EIN-PN 34-1566301-501
a	Plan name	R SHEA BREWING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	R SHEA BREWING LLC	c EIN-PN 47-1168503-501
a	Plan name	R&R VEHICLE REPAIR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	R&R VEHICLE REPAIR	c EIN-PN 45-2955862-501
a	Plan name	R&S TRUCK CAPS AND ACCS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	R&S TRUCK CAPS AND ACCS	c EIN-PN 51-0614179-502
a	Plan name	RABER SERVICES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RABER SERVICES LLC	c EIN-PN 87-1696169-501
a	Plan name	RADIAL GRINDING & MANUFACTURING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RADIAL GRINDING & MANUFACTURING	c EIN-PN 34-1661719-501
a	Plan name	RADIANT BRIDE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RADIANT BRIDE LLC	c EIN-PN 81-1481267-501
a	Plan name	RADIN DENTAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RADIN DENTAL LLC	c EIN-PN 88-1170582-501
a	Plan name	RADIOACTIVE ELECTRONICS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RADIOACTIVE ELECTRONICS	c EIN-PN 20-3239349-502
a	Plan name	RALPHS AUTO CARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RALPHS AUTO CARE	c EIN-PN 34-1878699-501
a	Plan name	RAM SALES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RAM SALES INC	c EIN-PN 34-1197595-501
a	Plan name	RAMSIER ELECTRIC LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RAMSIER ELECTRIC LLC	c EIN-PN 92-1274243-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	RAN INVESTORS LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RAN INVESTORS LLC
c	EIN-PN	46-4561840-501
a	Plan name	RANDALL O RINE CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RANDALL O RINE
c	EIN-PN	83-4559746-501
a	Plan name	RATH OPTOMETRY LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RATH OPTOMETRY LLC
c	EIN-PN	83-2080947-501
a	Plan name	RAY GIDICH HEATING & AC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RAY GIDICH HEATING & AC
c	EIN-PN	34-1754448-501
a	Plan name	RAZOR EDGE INDUSTRIAL KNIFE ENTERPRISES INC. CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RAZOR EDGE INDUSTRIAL KNIFE ENTERPRISES INC.
c	EIN-PN	92-1077841-501
a	Plan name	RBG ENT INC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RBG ENT INC
c	EIN-PN	83-1489895-501
a	Plan name	RBZ ENTERPRISES INC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RBZ ENTERPRISES INC
c	EIN-PN	20-0540905-501
a	Plan name	RC INDUSTRIES MIDS SICIL CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RC INDUSTRIES MIDS SICIL
c	EIN-PN	31-1544024-501
a	Plan name	RCG TAX PARTNERS CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RCG TAX PARTNERS
c	EIN-PN	20-4893664-502
a	Plan name	RDP SPORTS PLUS CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RDP SPORTS PLUS
c	EIN-PN	31-1489076-501
a	Plan name	RED STAR VET CLINIC LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	RED STAR VET CLINIC LLC
c	EIN-PN	80-0616781-501
a	Plan name	REEDS TOWING CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	REEDS TOWING
c	EIN-PN	34-1123418-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	REFRAME YOU LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	REFRAME YOU LLC	c EIN-PN 88-1678401-501
a	Plan name	REICHARD CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	REICHARD CONSTRUCTION	c EIN-PN 92-1445829-501
a	Plan name	RENEWABLE LUBRICANTS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RENEWABLE LUBRICANTS INC	c EIN-PN 34-1749334-501
a	Plan name	RESHOT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RESHOT LLC	c EIN-PN 83-1503260-501
a	Plan name	RESTORATION 44 COFFEE CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RESTORATION 44 COFFEE CO	c EIN-PN 83-0554921-501
a	Plan name	REXFORD LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	REXFORD LLC	c EIN-PN 46-5011280-501
a	Plan name	RICHARD DOYLE FINANCIAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RICHARD DOYLE FINANCIAL	c EIN-PN 27-2597644-501
a	Plan name	RICHARDSON FARMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RICHARDSON FARMS	c EIN-PN 34-1320130-501
a	Plan name	RICHFIELD AUTO CENTER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RICHFIELD AUTO CENTER	c EIN-PN 47-5585083-501
a	Plan name	RIDGE POINTE CHILD CARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RIDGE POINTE CHILD CARE	c EIN-PN 34-1673285-501
a	Plan name	RINE INSURANCE GROUP LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RINE INSURANCE GROUP LLC	c EIN-PN 85-2164059-501
a	Plan name	RIT SAFETY SOLUTIONS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RIT SAFETY SOLUTIONS LLC	c EIN-PN 45-3996503-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RIVER REACH CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RIVER REACH CONSTRUCTION	c EIN-PN 34-1744204-502
a	Plan name	ROB & REB MEDIA LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROB & REB MEDIA LLC	c EIN-PN 47-5161538-501
a	Plan name	ROB REINHART EXCAVATING & DEMOLITION INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROB REINHART EXCAVATING & DEMOLITION INC	c EIN-PN 01-0581262-501
a	Plan name	ROBERT E SCHNEIDER DDS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROBERT E SCHNEIDER DDS LLC	c EIN-PN 20-3115513-501
a	Plan name	ROBERTS DEMAND CORPORATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROBERTS DEMAND CORPORATION	c EIN-PN 34-1173588-501
a	Plan name	ROBERTS REMODEL & CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROBERTS REMODEL & CONSTRUCTION	c EIN-PN 31-1514773-501
a	Plan name	ROBS LANDSCAPING & EXCAVATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROBS LANDSCAPING & EXCAVATING	c EIN-PN 46-5514181-501
a	Plan name	ROCKWAY MORTGAGE CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROCKWAY MORTGAGE CO	c EIN-PN 82-4801440-503
a	Plan name	ROCKY RIVER DENTAL ASSOC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROCKY RIVER DENTAL ASSOC	c EIN-PN 34-1760741-501
a	Plan name	RODGERS CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RODGERS CONSTRUCTION	c EIN-PN 83-3482497-501
a	Plan name	ROGERS CONCRETE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROGERS CONCRETE INC	c EIN-PN 82-3910119-501
a	Plan name	ROLLING GREEN GOLF CLUB CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ROLLING GREEN GOLF CLUB	c EIN-PN 34-1042014-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name RONALD P KOLODZIEJ DMD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor RONALD P KOLODZIEJ DMD	c EIN-PN 34-1944028-501
a	Plan name RON'S TRANSMISSIONS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor RONS TRANSMISSIONS INC	c EIN-PN 34-1638019-501
a	Plan name ROSEBRIAN, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ROSEBRIAN, INC	c EIN-PN 34-1971531-502
a	Plan name ROTOCAST TECHNOLOGIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ROTOCAST TECHNOLOGIES	c EIN-PN 34-1819582-501
a	Plan name ROUNDTABLE LEARING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ROUNDTABLE LEARING LLC	c EIN-PN 47-2933731-501
a	Plan name ROYAL BUSINESS EQUIPMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ROYAL BUSINESS EQUIPMENT	c EIN-PN 34-1757385-501
a	Plan name ROYAL CREST GOLF CLUB CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ROYAL CREST GOLF CLUB	c EIN-PN 34-1004507-501
a	Plan name ROYALTON AUTOMOTIVE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor ROYALTON AUTOMOTIVE	c EIN-PN 81-0663638-501
a	Plan name RP INDUSTRIAL SALES LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor RP INDUSTRIAL SALES LTD	c EIN-PN 34-1891636-501
a	Plan name RP SALES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor RP SALES INC	c EIN-PN 34-1395788-501
a	Plan name RRP CHEESE BARN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor RRP CHEESE BARN LLC	c EIN-PN 47-5293150-501
a	Plan name RSD LANDSCAPING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor RSD LANDSCAPING LLC	c EIN-PN 32-0277111-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RTSV LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RTSV LLC	c EIN-PN 88-1012650-501
a	Plan name	RYAN-RAMSEY HR SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	RYAN-RAMSEY HR SOLUTIONS	c EIN-PN 92-1671626-501
a	Plan name	S S PARKS & SALVAGGI CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	S S PARKS & SALVAGGI	c EIN-PN 83-1870679-501
a	Plan name	S&D MIRACLES II LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	S&D MIRACLES II LLC	c EIN-PN 20-1855500-502
a	Plan name	S3 CUSTOMS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	S3 CUSTOMS LLC	c EIN-PN 84-2771704-501
a	Plan name	S88 HOLDINGS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	S88 HOLDINGS LLC	c EIN-PN 85-2986154-501
a	Plan name	SABETTI BODY SHOP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SABETTI BODY SHOP	c EIN-PN 34-1221675-501
a	Plan name	SABLE CREEK GOLF COURSE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SABLE CREEK GOLF COURSE	c EIN-PN 34-1743573-501
a	Plan name	SACHA ENTERPRISES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SACHA ENTERPRISES	c EIN-PN 46-0668370-501
a	Plan name	SACHSEN BUILDERS CORP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SACHSEN BUILDERS CORP	c EIN-PN 34-0921682-501
a	Plan name	SAFETY AUTO GLASS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SAFETY AUTO GLASS	c EIN-PN 01-0616349-501
a	Plan name	SAGAMORE 400 TOWNHOUSES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SAGAMORE 400 TOWNHOUSES	c EIN-PN 34-1881603-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SAHBRA FARMS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SAHBRA FARMS INC	c EIN-PN 34-1609956-501
a	Plan name	SALCO MACHINE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SALCO MACHINE INC	c EIN-PN 34-1363077-501
a	Plan name	SAMPSON & ASSOCIATES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SAMPSON & ASSOCIATES INC	c EIN-PN 34-1863069-503
a	Plan name	SANTOS ITALIAN RESTURANT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SANTOS ITALIAN RESTURANT	c EIN-PN 34-1689729-502
a	Plan name	SARA STUCKY SAYNER ARCHITECTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SARA STUCKY SAYNER ARCHITECTS	c EIN-PN 46-4628759-501
a	Plan name	SARAH'S VINEYARD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SARAHS VINEYARD	c EIN-PN 57-1148361-502
a	Plan name	SAS ENVIRONMENTAL INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SAS ENVIRONMENTAL INC	c EIN-PN 34-1790515-502
a	Plan name	SAUNDERS MOTOR COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SAUNDERS MOTOR COMPANY	c EIN-PN 84-2945366-501
a	Plan name	SAYRE CONSTRUCTION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SAYRE CONSTRUCTION LLC	c EIN-PN 34-1926276-501
a	Plan name	SCARBOROUGH CPA, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SCARBOROUGH CPA, LLC	c EIN-PN 82-0961820-501
a	Plan name	SCHOENFELD QUALITY CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SCHOENFELD QUALITY CONSTRUCTION	c EIN-PN 84-4643519-501
a	Plan name	SCHULTE & CO CPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SCHULTE & CO CPA	c EIN-PN 34-1866503-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SCI CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SCI CO	c EIN-PN 34-1661667-502
a	Plan name	SCOTCHMAN ELECTRIC LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SCOTCHMAN ELECTRIC LLC	c EIN-PN 38-3986635-501
a	Plan name	SCOTT'S SERVICES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SCOTTS SERVICES LLC	c EIN-PN 82-4009340-501
a	Plan name	SCRAP DYNAMICS CORP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SCRAP DYNAMICS CORP	c EIN-PN 57-1181062-501
a	Plan name	SECURE FAST DATA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SECURE FAST DATA	c EIN-PN 82-3699472-501
a	Plan name	SELECT MACHINE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SELECT MACHINE INC	c EIN-PN 34-1763116-501
a	Plan name	SELZER TOOL & DIE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SELZER TOOL & DIE INC	c EIN-PN 31-1515467-501
a	Plan name	SENN CUSTOM CABINETS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SENN CUSTOM CABINETS	c EIN-PN 33-1167975-501
a	Plan name	SENTRY FENCE COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SENTRY FENCE COMPANY	c EIN-PN 34-1940881-501
a	Plan name	SERENITY DESIGN SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SERENITY DESIGN SOLUTIONS	c EIN-PN 85-2305346-501
a	Plan name	SEWARD WEALTH MANAGEMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SEWARD WEALTH MANAGEMENT	c EIN-PN 27-4104430-501
a	Plan name	SHABBY CHIC SALON LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SHABBY CHIC SALON LLC	c EIN-PN 45-4542626-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SHALE CREEK LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SHALE CREEK LLC	c EIN-PN 33-1106092-501
a	Plan name	SHAW AUTOMOTIVE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SHAW AUTOMOTIVE LLC	c EIN-PN 27-2463414-501
a	Plan name	SHERRY ROSE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SHERRY ROSE	c EIN-PN 27-3840628-501
a	Plan name	SHINER HRC LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SHINER HRC LLC	c EIN-PN 83-4222878-501
a	Plan name	SHOEMAKER RIGGING & TRAN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SHOEMAKER RIGGING & TRAN	c EIN-PN 46-3135049-501
a	Plan name	SHORELINE EXPRESS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SHORELINE EXPRESS INC	c EIN-PN 34-1864919-501
a	Plan name	SHULTZ DESIGN & CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SHULTZ DESIGN & CONSTRUCTION	c EIN-PN 26-4505620-501
a	Plan name	SHUMAN INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SHUMAN INC	c EIN-PN 34-0960677-501
a	Plan name	SIERRA GIANT SCALE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SIERRA GIANT SCALE	c EIN-PN 30-0123274-501
a	Plan name	SILVER CREEK PLUMBING CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SILVER CREEK PLUMBING CO	c EIN-PN 34-1745703-501
a	Plan name	SIMCOX GRINDING & STEEL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SIMCOX GRINDING & STEEL	c EIN-PN 34-1698135-502
a	Plan name	SIMON SPORTS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SIMON SPORTS LLC	c EIN-PN 82-1305883-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SIMPLIFIED FACILITIES GP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SIMPLIFIED FACILITIES GP	c EIN-PN 14-1840558-501
a	Plan name	SINGLETON CORPORATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SINGLETON CORPORATION	c EIN-PN 34-0922395-501
a	Plan name	SIR TROYS TOY KINGDOM CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SIR TROYS TOY KINGDOM	c EIN-PN 83-2936889-501
a	Plan name	SIRAK FINANCIAL SERVICES AGENCY, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SIRAK FINANCIAL SERVICES AGENCY, INC.	c EIN-PN 26-1889393-501
a	Plan name	SJZ LOGISTIC INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SJZ LOGISTIC INC	c EIN-PN 99-2369520-501
a	Plan name	SK TRADING CO LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SK TRADING CO LTD	c EIN-PN 52-1650140-501
a	Plan name	SKYHOPPER LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SKYHOPPER LLC	c EIN-PN 93-4769585-501
a	Plan name	SLATER & ZURZ LLP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SLATER & ZURZ LLP	c EIN-PN 34-1671517-501
a	Plan name	SLICED LOAF LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SLICED LOAF LLC	c EIN-PN 83-3972053-501
a	Plan name	SLIPPER RUN PROPERTIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SLIPPER RUN PROPERTIES	c EIN-PN 81-3187103-501
a	Plan name	SLUTZKERS QUICKPRINT CTR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SLUTZKERS QUICKPRINT CTR	c EIN-PN 34-1491924-501
a	Plan name	SMART HEALTHCARE SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SMART HEALTHCARE SERVICE	c EIN-PN 31-1457086-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SMETZ'S TIRE & SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SMETZS TIRE & SERVICE	c EIN-PN 34-1651091-501
a	Plan name	S-N-H PROPERTIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	S-N-H PROPERTIES INC	c EIN-PN 34-1701237-501
a	Plan name	SNIVELY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SNIVELY INC	c EIN-PN 34-1719168-501
a	Plan name	SNL CONSULTING SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SNL CONSULTING SERVICES	c EIN-PN 81-1493235-501
a	Plan name	SOKANY STRATEGIC CONSULTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SOKANY STRATEGIC CONSULTING	c EIN-PN 85-3637459-501
a	Plan name	SOLUTIONS BY GG LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SOLUTIONS BY GG LLC	c EIN-PN 46-4725301-501
a	Plan name	SOMICH & ASSOCIATES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SOMICH & ASSOCIATES INC	c EIN-PN 83-4223849-501
a	Plan name	SOMMERS CSTM PAINTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SOMMERS CSTM PAINTING	c EIN-PN 81-1239509-501
a	Plan name	SOS INTEGRATION SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SOS INTEGRATION SERVICES	c EIN-PN 02-0650185-501
a	Plan name	SOUTH LANE ADVISORS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SOUTH LANE ADVISORS	c EIN-PN 92-3951571-501
a	Plan name	SOUTH MAIN ENTERPRISES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SOUTH MAIN ENTERPRISES	c EIN-PN 20-3873305-501
a	Plan name	SPARKS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SPARKS INC	c EIN-PN 34-1522784-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SPARTAN REVENUE SYSTEMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SPARTAN REVENUE SYSTEMS	c EIN-PN 45-5020837-501
a	Plan name	SPECIAL SERVICE TRANSPORTATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SPECIAL SERVICE TRANSPORTATION	c EIN-PN 34-1276474-502
a	Plan name	SPECIFIED STRUCTURES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SPECIFIED STRUCTURES INC	c EIN-PN 34-1493938-501
a	Plan name	SPRAY FOAM SOLUTIONS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SPRAY FOAM SOLUTIONS INC	c EIN-PN 47-1781689-501
a	Plan name	SPRAYWORKS EQUIPMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SPRAYWORKS EQUIPMENT	c EIN-PN 61-1559207-502
a	Plan name	SPRING GROVE AUTOMOTIVE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SPRING GROVE AUTOMOTIVE	c EIN-PN 84-3914134-501
a	Plan name	SPZ MACHINE COMPANY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SPZ MACHINE COMPANY INC	c EIN-PN 34-1950947-503
a	Plan name	SRT OHIO REAL ESTATE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SRT OHIO REAL ESTATE	c EIN-PN 81-2560364-502
a	Plan name	STANDARDS OF EXCELLENCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STANDARDS OF EXCELLENCE	c EIN-PN 82-4147608-502
a	Plan name	STARK & KNOLL CO LPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STARK & KNOLL CO LPA	c EIN-PN 34-1473154-501
a	Plan name	STATE STREET TIRE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STATE STREET TIRE	c EIN-PN 14-1917591-501
a	Plan name	STAYRITE DRYWALL INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STAYRITE DRYWALL INC	c EIN-PN 45-0478951-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STEINER AVIATION INTL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STEINER AVIATION INTL	c EIN-PN 34-1940617-501
a	Plan name	STEINLY'S RESTAURANT INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STEINLYS RESTAURANT INC	c EIN-PN 34-1531578-501
a	Plan name	S-TEK, INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	S-TEK, INC.	c EIN-PN 31-1242097-501
a	Plan name	STEPHANIE DEMUESY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STEPHANIE DEMUESY	c EIN-PN 33-2564276-501
a	Plan name	STEPHENS PAIN RECOVERY CENTER INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STEPHENS PAIN RECOVERY CENTER INC	c EIN-PN 31-1521148-501
a	Plan name	STEVE JANSSEN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STEVE JANSSEN LLC	c EIN-PN 46-2325474-501
a	Plan name	STEWARTS CARING PLACE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STEWARTS CARING PLACE	c EIN-PN 20-0181338-501
a	Plan name	STONE BROTHERS FARM LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STONE BROTHERS FARM LLC	c EIN-PN 26-2381664-501
a	Plan name	STORM SEARCH CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STORM SEARCH	c EIN-PN 85-2967627-501
a	Plan name	STRASBURG KITCHEN WHOLESALE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STRASBURG KITCHEN WHOLESALE	c EIN-PN 34-1874062-501
a	Plan name	STREETSBORO BOOKKEEPING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STREETSBORO BOOKKEEPING	c EIN-PN 34-1846499-501
a	Plan name	STROUD ENGINEERING SERV CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STROUD ENGINEERING SERV	c EIN-PN 34-1899747-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STUART SMITH INS AGENCY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STUART SMITH INS AGENCY	c EIN-PN 84-2174137-501
a	Plan name	STUDIO K CREATIVE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STUDIO K CREATIVE	c EIN-PN 81-2938517-501
a	Plan name	STUERTZ MACHINERY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STUERTZ MACHINERY INC	c EIN-PN 65-0716567-501
a	Plan name	STUTLER LEASING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	STUTLER LEASING INC	c EIN-PN 34-0840885-503
a	Plan name	SUBCON SECURITY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUBCON SECURITY LLC	c EIN-PN 27-0205608-501
a	Plan name	SUGAR CREEK VALLEY FARMS INC. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUGAR CREEK VALLEY FARMS INC.	c EIN-PN 34-1939804-501
a	Plan name	SULLY'S RENT ALL INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SULLYS RENT ALL INC	c EIN-PN 34-1706601-501
a	Plan name	SUMMERS INSURANCE GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUMMERS INSURANCE GROUP	c EIN-PN 27-1612739-501
a	Plan name	SUMMERS LEASING SYSTEMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUMMERS LEASING SYSTEMS	c EIN-PN 05-0578793-502
a	Plan name	SUMMIT DESIGN & TECH INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUMMIT DESIGN & TECH INC	c EIN-PN 87-4815483-501
a	Plan name	SUMMIT EDUCATION INITIATIVE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUMMIT EDUCATION INITIATIVE	c EIN-PN 34-1843220-501
a	Plan name	SUMMIT EXCAVATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUMMIT EXCAVATING	c EIN-PN 34-1328829-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SUMMIT FISHING EQUIPMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUMMIT FISHING EQUIPMENT	c EIN-PN 47-5066239-501
a	Plan name	SUMMIT HEATING & COOLING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUMMIT HEATING & COOLING	c EIN-PN 81-4559382-502
a	Plan name	SUMMIT HOUSING, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUMMIT HOUSING, LLC	c EIN-PN 34-1703387-501
a	Plan name	SUMMIT REAL ESTATE GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUMMIT REAL ESTATE GROUP	c EIN-PN 45-4004416-501
a	Plan name	SUNNY BROOK PRESSED CONCRETE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUNNY BROOK PRESSED CONCRETE	c EIN-PN 25-1350536-502
a	Plan name	SUNRISE SPRINGS WATER CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUNRISE SPRINGS WATER CO	c EIN-PN 27-1020104-501
a	Plan name	SUPECK SEPTIC SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUPECK SEPTIC SERVICES	c EIN-PN 33-1106998-502
a	Plan name	SUPERIOR AERIAL & EQUIPMENT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUPERIOR AERIAL & EQUIPMENT	c EIN-PN 03-0444417-501
a	Plan name	SUPERIOR MOBILITY SERVICES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUPERIOR MOBILITY SERVICES LLC	c EIN-PN 52-2375632-501
a	Plan name	SUPERIOR SPRING INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUPERIOR SPRING INC	c EIN-PN 34-1104594-502
a	Plan name	SUPERIOR USED CARS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SUPERIOR USED CARS	c EIN-PN 34-1226748-501
a	Plan name	SWEETS AND GEEKS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SWEETS AND GEEKS LLC	c EIN-PN 85-1683672-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SYDMOR'S JEWELRY & LOAN CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SYDMORS JEWELRY & LOAN	c EIN-PN 86-1473642-501
a	Plan name	SYMTEK CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SYMTEK	c EIN-PN 34-1602390-501
a	Plan name	SYSTEMS PACK INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	SYSTEMS PACK INC	c EIN-PN 34-1211254-501
a	Plan name	T & R TRANSPORTATION INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	T & R TRANSPORTATION INC	c EIN-PN 34-1879725-501
a	Plan name	T FERRY CUSTOM HOMES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	T FERRY CUSTOM HOMES LLC	c EIN-PN 81-1731976-501
a	Plan name	T ROWLEY LAWNS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	T ROWLEY LAWNS LLC	c EIN-PN 20-8735271-501
a	Plan name	T ROWLEY TREE DIVISION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	T ROWLEY TREE DIVISION	c EIN-PN 85-2433121-501
a	Plan name	T&D DAYTON NURSERIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	T&D DAYTON NURSERIES INC	c EIN-PN 34-1507576-501
a	Plan name	TAC FASTENING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TAC FASTENING	c EIN-PN 34-1628264-501
a	Plan name	TAKI HOSPITALITY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TAKI HOSPITALITY	c EIN-PN 85-3113231-501
a	Plan name	TALENT SPECIALISTS CONSULTING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TALENT SPECIALISTS CONSULTING LLC	c EIN-PN 81-3625350-501
a	Plan name	TALL TALES BAIT & TACKLE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TALL TALES BAIT & TACKLE	c EIN-PN 83-2838358-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TALLMADGE SPINNING & METAL CO. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TALLMADGE SPINNING & METAL CO.	c EIN-PN 34-0846798-501
a	Plan name	TALS TRUCKING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TALS TRUCKING LLC	c EIN-PN 86-2919601-501
a	Plan name	TASOS ELECTRIC CO INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TASOS ELECTRIC CO INC	c EIN-PN 34-1651560-501
a	Plan name	TAYLOR COMPANIES OF OHIO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TAYLOR COMPANIES OF OHIO	c EIN-PN 34-1865670-501
a	Plan name	TBAN INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TBAN INC	c EIN-PN 26-0144935-501
a	Plan name	TEC-REP INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TEC-REP INC	c EIN-PN 31-1540253-502
a	Plan name	TEEG FAMILY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TEEG FAMILY LLC	c EIN-PN 82-4846690-501
a	Plan name	TELEVOI LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TELEVOI LLC	c EIN-PN 86-2278774-501
a	Plan name	TENNIS UNLIMITED INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TENNIS UNLIMITED INC	c EIN-PN 34-1018250-501
a	Plan name	TENYAKS DQ INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TENYAKS DQ INC	c EIN-PN 34-1595660-501
a	Plan name	TERESA POTTER CONSULTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TERESA POTTER CONSULTING	c EIN-PN 47-2347521-501
a	Plan name	TERRY LUMBER COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TERRY LUMBER COMPANY	c EIN-PN 34-0823345-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TESCHNERS TAVERN INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TESCHNERS TAVERN INC	c EIN-PN 34-1289914-501
a	Plan name	TEZ TOOL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TEZ TOOL	c EIN-PN 34-1912800-501
a	Plan name	THE ARTHUR CORPORATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE ARTHUR CORPORATION	c EIN-PN 34-1352998-501
a	Plan name	THE BONNOT COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE BONNOT COMPANY	c EIN-PN 34-0254460-501
a	Plan name	THE CHANDRA LAW FIRM LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE CHANDRA LAW FIRM LLC	c EIN-PN 41-2215130-502
a	Plan name	THE CHRIST FOUNDATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE CHRIST FOUNDATION	c EIN-PN 23-7121546-501
a	Plan name	THE DENT SHOP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE DENT SHOP	c EIN-PN 81-1259782-501
a	Plan name	THE ELIJAH COMPANY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE ELIJAH COMPANY LLC	c EIN-PN 20-1539731-501
a	Plan name	THE FERRUCCIO LAW FIRM CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE FERRUCCIO LAW FIRM	c EIN-PN 34-1292994-501
a	Plan name	THE GEOPFERT COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE GEOPFERT COMPANY	c EIN-PN 34-0753321-501
a	Plan name	THE GODDARD SCHOOL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE GODDARD SCHOOL	c EIN-PN 27-3965928-501
a	Plan name	THE IMAGE IN MOTION INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE IMAGE IN MOTION INC	c EIN-PN 81-2397710-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THE KOZLOWSKI CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE KOZLOWSKI CO	c EIN-PN 34-1442356-501
a	Plan name	THE LOCONTI GROUP INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE LOCONTI GROUP INC	c EIN-PN 03-0508349-501
a	Plan name	THE MASICA COMPANY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE MASICA COMPANY INC	c EIN-PN 85-1821840-501
a	Plan name	THE MCMANUS AGENCY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE MCMANUS AGENCY INC	c EIN-PN 27-1409611-501
a	Plan name	THE MILLER GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE MILLER GROUP	c EIN-PN 34-1605618-501
a	Plan name	THE OHIO BROACH & MCHINE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE OHIO BROACH & MCHINE	c EIN-PN 34-0809271-501
a	Plan name	THE R C MUSSON RUBBER CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE R C MUSSON RUBBER CO	c EIN-PN 34-0649190-502
a	Plan name	THE ROOFING GUY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE ROOFING GUY	c EIN-PN 26-9760039-501
a	Plan name	THE SCHIPPER GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE SCHIPPER GROUP	c EIN-PN 26-2561209-501
a	Plan name	THE SOCIAL DEPT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE SOCIAL DEPT LLC	c EIN-PN 45-1743947-501
a	Plan name	THE SOKOL LAW FIRM CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE SOKOL LAW FIRM	c EIN-PN 46-2724085-501
a	Plan name	THE SYMPHONY GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE SYMPHONY GROUP	c EIN-PN 34-1950918-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE TEN KEY GROUP LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE TEN KEY GROUP LLC	c EIN-PN 81-3887890-501
a	Plan name	THE TOYS TIME FORGOT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE TOYS TIME FORGOT LLC	c EIN-PN 81-5125113-501
a	Plan name	THE UPS STORE #3008 CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE UPS STORE #3008	c EIN-PN 26-2254827-501
a	Plan name	THE WELLNESS CONNECTION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE WELLNESS CONNECTION LLC	c EIN-PN 87-4166169-501
a	Plan name	THE WESTERMAN GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THE WESTERMAN GROUP	c EIN-PN 20-3092595-501
a	Plan name	THERTON ADVISORY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THERTON ADVISORY LLC	c EIN-PN 92-1419966-501
a	Plan name	THOMANN ELECTRICAL SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THOMANN ELECTRICAL SERVICE	c EIN-PN 34-1877739-501
a	Plan name	THOMAS C MAYS ATY AT LAW CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THOMAS C MAYS ATY AT LAW	c EIN-PN 46-5175658-502
a	Plan name	THOMAS G MOORE CPA LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THOMAS G MOORE CPA LTD	c EIN-PN 84-3432808-501
a	Plan name	THOMPSON EXCAVATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THOMPSON EXCAVATING	c EIN-PN 34-1819024-501
a	Plan name	THRILL POINT MOTORSPORTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	THRILL POINT MOTORSPORTS	c EIN-PN 85-3010451-501
a	Plan name	TIM DASO AUCTIONEER CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TIM DASO AUCTIONEER	c EIN-PN 26-9668153-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TIMBER RIDGE CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TIMBER RIDGE CONSTRUCTION	c EIN-PN 92-3865376-501
a	Plan name	TIME TO ORGANIZE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TIME TO ORGANIZE LLC	c EIN-PN 87-1546348-501
a	Plan name	TIPTON TECHNOLOGIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TIPTON TECHNOLOGIES	c EIN-PN 85-1610041-501
a	Plan name	TK HOME INSPECTION LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TK HOME INSPECTION LLC	c EIN-PN 27-1793130-501
a	Plan name	TL KELLERS MEATS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TL KELLERS MEATS LLC	c EIN-PN 37-1594330-501
a	Plan name	TL WORLDWIDE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TL WORLDWIDE	c EIN-PN 20-2543990-501
a	Plan name	TLC CATERING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TLC CATERING	c EIN-PN 34-1768453-501
a	Plan name	TLT-TURBO INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TLT-TURBO INC	c EIN-PN 47-0980878-501
a	Plan name	TODD BISS PRODUCTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TODD BISS PRODUCTIONS	c EIN-PN 31-1585284-501
a	Plan name	TOMON & SONS FUNERAL HOMES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TOMON & SONS FUNERAL HOMES	c EIN-PN 34-1017709-502
a	Plan name	TOMTOD IDEAS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TOMTOD IDEAS	c EIN-PN 46-0732616-501
a	Plan name	TOOLBOX TRADES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TOOLBOX TRADES LLC	c EIN-PN 85-0771639-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TOP FUEL AUTOMOTIVE LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TOP FUEL AUTOMOTIVE LLC	c EIN-PN 20-3538045-501
a	Plan name	TOTAL COMFORT HEAT & AIR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TOTAL COMFORT HEAT & AIR	c EIN-PN 34-1083015-502
a	Plan name	TOWER 80 CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TOWER 80	c EIN-PN 34-1449658-501
a	Plan name	TOWPATH ENTERPRISES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TOWPATH ENTERPRISES INC	c EIN-PN 34-1971913-501
a	Plan name	TP ZETS FINANCIAL ADVISOR, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TP ZETS FINANCIAL ADVISOR, LLC	c EIN-PN 81-2667631-501
a	Plan name	TR SNYDER CONSTRUCTION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TR SNYDER CONSTRUCTION	c EIN-PN 34-1724950-502
a	Plan name	TRACES LAWN CARE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRACES LAWN CARE	c EIN-PN 84-4248793-501
a	Plan name	TRACY FRIDDLE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRACY FRIDDLE INC	c EIN-PN 82-3707359-501
a	Plan name	TRAX RESTAURANT LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRAX RESTAURANT LLC	c EIN-PN 20-5936788-502
a	Plan name	TRC LANDSCAPE SERVICES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRC LANDSCAPE SERVICES	c EIN-PN 34-1731911-501
a	Plan name	TRI COUNTY DERMATOLOGY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRI COUNTY DERMATOLOGY	c EIN-PN 34-1424776-501
a	Plan name	TRIAD COMMUNICATIONS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRIAD COMMUNICATIONS INC	c EIN-PN 34-1761548-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TRI-CRAFT & TECH-MATIC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRI-CRAFT & TECH-MATIC	c EIN-PN 34-1014201-501
a	Plan name	TRIPODO CONSULTING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRIPODO CONSULTING LLC	c EIN-PN 92-0970840-501
a	Plan name	TRISSEL ROLL OFF SVC LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRISSEL ROLL OFF SVC LLC	c EIN-PN 20-1432872-501
a	Plan name	TROUVE MEDSPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TROUVE MEDSPA	c EIN-PN 82-4415693-501
a	Plan name	TRU CUT SAW CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRU CUT SAW	c EIN-PN 34-1434023-501
a	Plan name	TRULY REACHING YOU CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRULY REACHING YOU	c EIN-PN 75-3223368-502
a	Plan name	TRV INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TRV INC	c EIN-PN 34-1476319-501
a	Plan name	TTL SYSTEMS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TTL SYSTEMS INC	c EIN-PN 46-1256903-501
a	Plan name	TURBOTRON INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TURBOTRON INC	c EIN-PN 34-1911127-502
a	Plan name	TUSCARAWAS COUNTY CONVENTION & VISTORS BUREAU CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TUSCARAWAS COUNTY CONVENTION & VISTORS BUREAU	c EIN-PN 34-1317193-501
a	Plan name	TUSKO SALES & SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TUSKO SALES & SERVICE	c EIN-PN 34-1096804-501
a	Plan name	TYMAC OF STRASBURG INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TYMAC OF STRASBURG INC	c EIN-PN 27-3349065-502

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TZANGAS PLAKAS MANNOS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	TZANGAS PLAKAS MANNOS	c EIN-PN 34-1366496-501
a	Plan name	ULINSKI CO LPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ULINSKI CO LPA	c EIN-PN 32-0030674-501
a	Plan name	UNDERVISION SEWER CAMERA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	UNDERVISION SEWER CAMERA	c EIN-PN 82-3340962-501
a	Plan name	UNION PROCESS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	UNION PROCESS INC	c EIN-PN 34-0905273-501
a	Plan name	UNITED EARTHWORKS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	UNITED EARTHWORKS	c EIN-PN 47-2051122-502
a	Plan name	UNITED HEATING & COOLING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	UNITED HEATING & COOLING	c EIN-PN 20-4805086-501
a	Plan name	UNIVERSAL CONCRETE & EXCAVATING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	UNIVERSAL CONCRETE & EXCAVATING	c EIN-PN 92-0577551-501
a	Plan name	UNSURPASSED HOLDINGS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	UNSURPASSED HOLDINGS LLC	c EIN-PN 26-2918398-502
a	Plan name	UPCO TECHNOLOGIES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	UPCO TECHNOLOGIES	c EIN-PN 84-4953436-501
a	Plan name	UPTOWN AUTO SERVICE LLP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	UPTOWN AUTO SERVICE LLP	c EIN-PN 26-4137728-501
a	Plan name	US ELECTRIC CONTRACTOR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	US ELECTRIC CONTRACTOR	c EIN-PN 84-4101276-501
a	Plan name	USA PRECAST CONCRETE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	USA PRECAST CONCRETE	c EIN-PN 81-1138206-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	USILLUMINATIONS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	USILLUMINATIONS LLC	c EIN-PN 27-5495132-501
a	Plan name	V & B TIRE SUPPLIERS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	V & B TIRE SUPPLIERS LLC	c EIN-PN 82-3583871-501
a	Plan name	VALLEY DENTAL GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VALLEY DENTAL GROUP	c EIN-PN 34-1493923-501
a	Plan name	VARMLAND CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VARMLAND	c EIN-PN 34-1682318-501
a	Plan name	VARNEY FINK ASSOCIATES CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VARNEY FINK ASSOCIATES	c EIN-PN 34-1652839-501
a	Plan name	VASEL BROS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VASEL BROS INC	c EIN-PN 34-1335793-502
a	Plan name	VCH TOOLS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VCH TOOLS LLC	c EIN-PN 84-2485239-501
a	Plan name	VELOTTA UNIFORM SALES CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VELOTTA UNIFORM SALES CO	c EIN-PN 05-5281844-501
a	Plan name	VERITAS SOLUTIONS GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VERITAS SOLUTIONS GROUP	c EIN-PN 46-1493821-501
a	Plan name	VIDEO SYSTEMS & SECURITY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VIDEO SYSTEMS & SECURITY	c EIN-PN 34-1743538-501
a	Plan name	VIENNA DISTRIBUTING CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VIENNA DISTRIBUTING CO	c EIN-PN 34-1284479-501
a	Plan name	VIKTORIA MANAGEMENT CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	VIKTORIA MANAGEMENT CO	c EIN-PN 26-0311934-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name VILLAGE AUTO BODY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor VILLAGE AUTO BODY	c EIN-PN 34-1603459-501
a	Plan name VINCENT FAMILY INSURANCE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor VINCENT FAMILY INSURANCE	c EIN-PN 83-4659806-501
a	Plan name VINTAGE MASONRY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor VINTAGE MASONRY INC	c EIN-PN 46-3316572-501
a	Plan name VISIONARY AUTOMATED SOLUTIONS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor VISIONARY AUTOMATED SOLUTIONS	c EIN-PN 85-2650425-501
a	Plan name VITTORIOS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor VITTORIOS INC	c EIN-PN 34-1775927-501
a	Plan name VIVID VENTURES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor VIVID VENTURES LLC	c EIN-PN 81-5392641-501
a	Plan name VOLLBRACHT FURS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor VOLLBRACHT FURS INC	c EIN-PN 34-1403330-502
a	Plan name VORENUS VENTURES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor VORENUS VENTURES LLC	c EIN-PN 47-2160233-501
a	Plan name VOUGHT INSURANCE AGENCY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor VOUGHT INSURANCE AGENCY	c EIN-PN 46-1870550-503
a	Plan name W & W TRANSPORT CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor W & W TRANSPORT	c EIN-PN 34-1844320-501
a	Plan name W CONSTRUCTION SUPPLY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor W CONSTRUCTION SUPPLY	c EIN-PN 27-1918879-502
a	Plan name WADSWORTH MOTORCARS INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor WADSWORTH MOTORCARS INC	c EIN-PN 34-1743996-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WADSWORTH TAVERN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WADSWORTH TAVERN LLC	c EIN-PN 80-0862637-501
a	Plan name	WALCHER & FOX INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WALCHER & FOX INC	c EIN-PN 34-1801773-501
a	Plan name	WAREHOUSE DISTRIBUTORS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WAREHOUSE DISTRIBUTORS	c EIN-PN 34-1089519-501
a	Plan name	WARNICK CPA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WARNICK CPA	c EIN-PN 84-4587273-501
a	Plan name	WARREN HARLEY DAVIDSON CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WARREN HARLEY DAVIDSON	c EIN-PN 34-1149211-501
a	Plan name	WEBSITE DESIGN AND DEVELOPMENT, LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WEBSITE DESIGN AND DEVELOPMENT, LTD	c EIN-PN 20-4904920-501
a	Plan name	WEDDING CHAPLAIN.COM LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WEDDING CHAPLAIN.COM LLC	c EIN-PN 47-2148736-501
a	Plan name	WEEKLEY'S MAILING SERV CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WEEKLEYS MAILING SERV	c EIN-PN 34-0942604-501
a	Plan name	WEILANDWORKS CONSULTING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WEILANDWORKS CONSULTING	c EIN-PN 30-0835862-501
a	Plan name	WELL COMMUNITY DEVELOPMENT CORP. CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WELL COMMUNITY DEVELOPMENT CORP.	c EIN-PN 81-2680851-501
a	Plan name	WELLS TRECASO FINANCIAL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WELLS TRECASO FINANCIAL	c EIN-PN 82-3327138-501
a	Plan name	WEMMK ENTERPRISES LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WEMMK ENTERPRISES LLC	c EIN-PN 81-5392675-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WESTERGARD INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WESTERGARD INC	c EIN-PN 20-3582197-501
a	Plan name	WESTLAKE CONDOMINIUM RR CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WESTLAKE CONDOMINIUM RR	c EIN-PN 34-1414967-502
a	Plan name	WESTWOOD VILLAGE HOA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WESTWOOD VILLAGE HOA	c EIN-PN 34-1245978-501
a	Plan name	WGG SERVICES LIMITED CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WGG SERVICES LIMITED	c EIN-PN 83-3767123-502
a	Plan name	WHITMAN AUTOMATION CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WHITMAN AUTOMATION	c EIN-PN 81-2097139-501
a	Plan name	WICKENS ENTERPRISES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WICKENS ENTERPRISES INC	c EIN-PN 34-1742564-501
a	Plan name	WILLIAMS BUILDING GROUP CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WILLIAMS BUILDING GROUP	c EIN-PN 81-1945872-501
a	Plan name	WILLIAMS FLOORING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WILLIAMS FLOORING	c EIN-PN 34-1108781-501
a	Plan name	WITSCHHEY & FIRESTINE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WITSCHHEY & FIRESTINE	c EIN-PN 34-1855676-501
a	Plan name	WOLFSCAPE INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WOLFSCAPE INC	c EIN-PN 34-1892571-501
a	Plan name	WOMANKIND INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WOMANKIND INC	c EIN-PN 51-0168651-501
a	Plan name	WOODBINE PRODUCTS CO CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WOODBINE PRODUCTS CO	c EIN-PN 34-1370213-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WOODLAND TREE SERVICE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WOODLAND TREE SERVICE	c EIN-PN 65-1297035-501
a	Plan name	WOODSIDE MORTGAGE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WOODSIDE MORTGAGE	c EIN-PN 34-1766185-502
a	Plan name	WOODVALE UNION CEMETARY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WOODVALE UNION CEMETARY	c EIN-PN 34-6003124-502
a	Plan name	WOODWARD INVESTMENTS LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WOODWARD INVESTMENTS LLC	c EIN-PN 93-3907365-501
a	Plan name	WOOSTER CHRYS JEEP DODGE CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WOOSTER CHRYS JEEP DODGE	c EIN-PN 20-1255145-501
a	Plan name	WS CONSULTANTS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WS CONSULTANTS	c EIN-PN 84-3952182-501
a	Plan name	WSA INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WSA INC	c EIN-PN 34-1404876-502
a	Plan name	WTD MECHANICAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	WTD MECHANICAL LLC	c EIN-PN 81-2949918-501
a	Plan name	X FACTOR MEDIA CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	X FACTOR MEDIA	c EIN-PN 35-2377502-502
a	Plan name	XL INDUSTRIES INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	XL INDUSTRIES INC	c EIN-PN 30-0022225-501
a	Plan name	XSBOOST TURBOCHARGERS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	XSBOOST TURBOCHARGERS	c EIN-PN 26-2486598-501
a	Plan name	YATISH GOYAL MD INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	YATISH GOYAL MD INC	c EIN-PN 38-3657051-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	YAZID HUSSEIN DO LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	YAZID HUSSEIN DO LLC	c EIN-PN 84-3377604-501
a	Plan name	YELLOW CREEK VETERINARY SURGERY & IMAGING CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	YELLOW CREEK VETERINARY SURGERY & IMAGING	c EIN-PN 30-0623734-502
a	Plan name	YODER BUILDERS LTD CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	YODER BUILDERS LTD	c EIN-PN 20-2831788-501
a	Plan name	YODER GRAPHIC SYSTEMS CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	YODER GRAPHIC SYSTEMS	c EIN-PN 34-1345622-501
a	Plan name	YODER MASONRY INC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	YODER MASONRY INC	c EIN-PN 34-1668619-501
a	Plan name	YOUNG REGULATOR COMPANY CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	YOUNG REGULATOR COMPANY	c EIN-PN 34-1757356-502
a	Plan name	YURI GAGARIN LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	YURI GAGARIN LLC	c EIN-PN 46-2723585-501
a	Plan name	ZCC COLLISION CENTERS, LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ZCC COLLISION CENTERS, LLC	c EIN-PN 92-3435924-501
a	Plan name	ZEHNDER DISPOSAL LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ZEHNDER DISPOSAL LLC	c EIN-PN 85-1087995-501
a	Plan name	ZEKE TRUCKING LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ZEKE TRUCKING LLC	c EIN-PN 30-0585565-501
a	Plan name	ZJN AGENCY LLC CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ZJN AGENCY LLC	c EIN-PN 92-1328318-501
a	Plan name	ZOLLINGER SAND & GRAVEL CHAMBER BENEFIT ARRANGEMENT PLAN	
b	Name of plan sponsor	ZOLLINGER SAND & GRAVEL	c EIN-PN 34-1055594-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)
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a	Plan name	ZRC MACHINERY LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	ZRC MACHINERY LLC
c	EIN-PN	82-3904886-501

a	Plan name	ZUBS LLC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	ZUBS LLC
c	EIN-PN	81-3149118-501

a	Plan name	ZUHAYR T MADHUN MD INC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	ZUHAYR T MADHUN MD INC
c	EIN-PN	34-1966269-502

a	Plan name	ZUKS TREE MOVING INC CHAMBER BENEFIT ARRANGEMENT PLAN
b	Name of plan sponsor	ZUKS TREE MOVING INC
c	EIN-PN	61-1570670-501

a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan CHAMBER BENEFIT ARRANGEMENT TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CHAMBER BENEFIT ARRANGEMENT TRUST	D Employer Identification Number (EIN) 82-5056803	

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	50000	50000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3232852	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6478	7007
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2405764	7603883
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	50915	70719

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5746009	7731609
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	38835	43826
i Acquisition indebtedness	1i		
j Other liabilities	1j	4501974	5946112
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4540809	5989938
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1205200	1741671

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	188082	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		188082
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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		188082

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		0
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	4374134	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	35333	
(5) Investment advisory and investment management fees.....	2i(5)	786	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	8415	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	154034	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4572702
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4572702

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4384620
l Transfers of assets:			
(1) To this plan.....	2l(1)		53254117
(2) From this plan.....	2l(2)		48333026

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: MALONEY + NOVOTNY LLC

(2) EIN: 34-0677006

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.)			
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?.....			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?.....			
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.).....			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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 _____.

**CHAMBER BENEFIT
ARRANGEMENT TRUST**

FINANCIAL REPORT

AUGUST 31, 2024 and 2023



CHAMBER BENEFIT ARRANGEMENT TRUST

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Independent Auditors' Report

To the Board of Trustees of
Chamber Benefit Arrangement Trust
Akron, Ohio

Opinion

We have audited the financial statements of the Chamber Benefit Arrangement Trust (the "Trust"), which comprise the statements of net assets as of August 31, 2024 and 2023, and the related statement of changes in net assets for the year ended August 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets of the Trust as of August 31, 2024 and 2023, and the changes in its net assets for the year ended August 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 Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Trust 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.

Other Matter

The accompanying financial statements are those of the Trust. These financial statements do not purport to present the net assets available for benefits and benefit obligations or the changes in net assets available for benefits or changes in benefit obligations of the participating plans and do not contain certain information and other disclosures necessary for a fair presentation of the financial statements of the participating plans in accordance with accounting principles generally accepted in the United States of America. Further, these financial statements do not purport to satisfy the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") relating to the financial statements of employee benefit plans.

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 Trust's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audits 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but it 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 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 Trust'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 Trust'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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedules Required by ERISA and Other Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of operating expenses for the year ended August 31, 2024, and the supplemental schedule of assets (held at end of year) as of August 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) as of August 31, 2024, is supplementary information required by the DOL'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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Maloney + Novotny LLC

Cleveland, Ohio
June 16, 2025

CHAMBER BENEFIT ARRANGEMENT TRUST

STATEMENTS OF NET ASSETS

August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ 50,000	\$ 50,000
Investments, at fair value:		
Interest-bearing cash	6,020,243	897,346
Money market fund	<u>1,583,640</u>	<u>1,508,418</u>
Total investments, at fair value	7,603,883	2,405,764
Receivables:		
Investment income receivable	7,007	6,478
Contributions from participating plans	<u>-</u>	<u>3,232,852</u>
Total receivables	7,007	3,239,330
Prepays	<u>70,719</u>	<u>50,915</u>
Total assets	7,731,609	5,746,009
<u>LIABILITIES</u>		
Accounts payable and other	31,478	28,025
Net reinsurance payable	5,946,112	4,501,974
Income tax payable	<u>12,348</u>	<u>10,810</u>
Total liabilities	<u>5,989,938</u>	<u>4,540,809</u>
NET ASSETS	<u>\$1,741,671</u>	<u>\$1,205,200</u>

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

CHAMBER BENEFIT ARRANGEMENT TRUST

STATEMENT OF CHANGES IN NET ASSETS

Year Ended August 31, 2024

ADDITIONS

Interest income	\$ 188,082
Contributions from participating plans	<u>53,254,117</u>
Total additions	53,442,199

DEDUCTIONS

Distributions to participating plans for benefit claims paid, net of reinsurance recoveries	3,744,910
Distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances	<u>44,588,116</u>
Total distributions to participating plans	48,333,026
Operating expenses	<u>4,572,702</u>
Total deductions	<u>52,905,728</u>

INCREASE IN NET ASSETS

536,471

NET ASSETS

BEGINNING OF YEAR 1,205,200

END OF YEAR \$ 1,741,671

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

CHAMBER BENEFIT ARRANGEMENT TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Trust

The following description of the Chamber Benefit Arrangement Trust (the "Trust") provides only general information. Participating plans should refer to the Trust agreement for a more complete description of the Trust's provisions.

General:

The Trust is intended to be a voluntary employees' beneficiary association ("VEBA") under Section 501(c)(9) of the Internal Revenue Code (the "IRC"). The purpose of the Trust is to hold Plan assets of a non-plan multiple employer welfare arrangement ("MEWA") as described in Section 1739 of the Ohio Revised Code and to pay those Plans' benefits and expenses. Employers of plans participating in this Trust (the "Plans") are members and affiliates of the Greater Akron Chamber.

Contributions:

The Trust receives contributions for health and welfare coverage from participating Plans and utilizes such funds for the payment of premiums to Apex Benefits Services LLC, dba Apex Health Solutions ("Apex") for the provision of benefits on behalf of the Plans.

Distributions:

In addition to distributions for the premium payments to Apex described above, distributions are made for the payment of benefit claims. These benefit claims are paid out of the Trust, on behalf of the participating Plans, to Apex. Apex administers payment of hospital charges, medical/surgical claims and prescription coverage.

Operating Expenses:

All administrative fees are paid by the Trust or the participating Plans at the option of the Trustees of the Trust.

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Trust:

Basis of Presentation:

The accompanying financial statements have been prepared on the accrual basis of accounting.

Net Reinsurance Payable:

Net reinsurance payable represents the net of amounts recoverable for claims paid (including stop loss recoveries) and amounts recoverable for administrative expenses under the quota share reinsurance agreement offset by the amounts payable for premium ceded under the quota share and stop loss agreements.

CHAMBER BENEFIT ARRANGEMENT TRUST
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Recognition of Contribution Revenue:

Contribution revenue is recognized in the month for which coverage is being paid. Contributions received after the coverage months are recorded as receivables. Management has estimated an allowance of \$-0- for past due accounts related to contributions receivable from participating plans as of August 31, 2024 and 2023.

Investment Valuation and Income Recognition:

The Trust's investments are reported 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. Reference Note 4 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.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the trust administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Distributions for the Payment of Benefits:

Distributions for the payment of benefit claims and premiums are recorded when processed and approved for payment to Apex.

Risks and Uncertainties:

The Trust holds various investment options in combinations of 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 that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events:

The Trust has evaluated subsequent events through June 16, 2025, the date the financial statements were available to be issued.

Note 3. Cash and Investments

The Trust holds its temporary cash as cash or money market funds with a national financial institution which at times may exceed federally insured amounts. The actual balance may exceed reported balances due to outstanding checks.

The Trust's investments are held by PNC Bank in a non-insured trust fund.

CHAMBER BENEFIT ARRANGEMENT TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements

The Trust estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for Trust assets measured at fair value:

- Interest-bearing cash is valued at cost, which approximates fair value.
- Money market fund consists of a short-term investment fund that maintains daily liquidity and has a constant unit value of \$1.00.

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. There have been no changes in the methodologies used from 2023 to 2024. Furthermore, while the Trust 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 following table summarizes the Plan's investments at August 31, 2024 and 2023 at fair value and indicates the level of the valuation techniques utilized by the Trust:

	Level	August 31,	
		2024	2023
Interest-bearing cash	1	\$6,020,243	\$ 897,346
Money market fund	1	1,583,640	1,508,418

Note 5. Reinsurance

During the year ended August 31, 2024, the participating Plans were subject to a quota share reinsurance agreement with Summa Excess Loss Insurance Agency ("Summa") to cede 90% of the participating Plans' health business.

During the year ended August 31, 2024, the participating Plans were subject to a stop loss reinsurance agreement with Summa for medical and prescription drug coverage. The specific stop loss threshold per covered person was \$175,000. The total amount of reinsurance recovered due to stop loss was \$2,826,075 for the year ended August 31, 2024.

CHAMBER BENEFIT ARRANGEMENT TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Related Party/Party-in-Interest Transactions

The Trust has entered into an administrative services contract with Apex, whereby Apex performs enrollment and billing functions on behalf of participating Plans; provides quoting, servicing and renewing employers of participating Plans; and administers payment of hospital charges, medical/surgical claims and prescription coverage on behalf of participating Plans. These transactions qualify as party-in-interest. Total fees paid from the Trust to Apex for these services amounted to \$1,283,294 for the year ended August 31, 2024.

The Trust has appointed Consoliplex CBA LLC to act as plan manager of the participating Plans and Trust. Fees paid to Consoliplex CBA LLC for the year ended August 31, 2024 were \$416,260.

Note 7. Tax Status

The Trust established to hold the participating Plans' net assets is qualified pursuant to Section 501(c)(9) of the IRC. Net investment income earned by a VEBA is taxable as unrelated business income under IRC Section 512(a)(3)(E)(i). For the year ended August 31, 2024, the Trust incurred \$67,538 in federal income tax expense, attributable to unrelated business income, which is included in operating expenses on the statement of changes in net assets. The Trust's management has analyzed the tax positions taken by the Trust and has concluded that, as of August 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

In addition, the Plans and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The trust administrator believes that the Plans are being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

Note 8. Plan and Trust Termination

Although it has not expressed any intention to do so, the Trust may only be terminated by the Greater Akron Chamber with at least 30 days' written notice to the Trustees. Any Trust assets at the time of termination will be distributed for the provision of benefits or will be transferred to another trust that complies with the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Participating Plans' sponsors have the right under the Plans to discontinue their contributions at any time and to terminate the Plans, subject to provisions set forth in ERISA.

SUPPLEMENTAL SCHEDULES

CHAMBER BENEFIT ARRANGEMENT TRUST

SCHEDULE OF OPERATING EXPENSES

Year Ended August 31, 2024

Outsourced services	\$4,374,134
Professional services	43,748
Regulatory fees	55,612
Federal income tax	67,538
Insurance expense	30,884
Investment fees	<u>786</u>
Total operating expenses	<u>\$4,572,702</u>

CHAMBER BENEFIT ARRANGEMENT TRUST

EMPLOYER NO. 82-5056803

PLAN NO. 501

SCHEDULE H, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

August 31, 2024

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investments</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		<u>Interest-bearing cash</u>		
	PNC Bank	Cash	\$6,020,243	\$6,020,243
		<u>Money market fund</u>		
	Federated Hermes	Government Obligations Fund #117	<u>1,583,640</u>	<u>1,583,640</u>
			<u>\$7,603,883</u>	<u>\$7,603,883</u>