

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☒ a DFE (specify) <u>G</u> ☐ 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 CANTON REGIONAL CHAMBER HEALTH FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2018
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) CANTON REGIONAL CHAMBER HEALTH FUND 222 MARKET AVE. NORTH CANTON, OH 44702
2b	Employer Identification Number (EIN) 82-6483792
2c	Plan Sponsor's telephone number 330-456-7253
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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	TODD HAWKE
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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 4010
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 4010
	6a(2) 4773
	6b 0
	6c 0
	6d 4773
	6e
	6f
	6g(1)
	6g(2)
6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4A 4E

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 161129201

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CANTON REGIONAL CHAMBER HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CANTON REGIONAL CHAMBER HEALTH FUND	D Employer Identification Number (EIN) 82-6483792	

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.
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1 Coverage Information:

(a) Name of insurance carrier
AULTCARE 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
34-1624818	77216	HF100	4773	01/01/2024	12/31/2024

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

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

(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

(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

(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.

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) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
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)	0
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 ☐ paid in cash, or ☐ 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	38692452
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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan CANTON REGIONAL CHAMBER HEALTH FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CANTON REGIONAL CHAMBER HEALTH FUND	D Employer Identification Number (EIN) 82-6483792

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

AULTCARE CORPORATION

34-1488123

(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	NONE	4843752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	NONE	75822	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan CANTON REGIONAL CHAMBER HEALTH FUND				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CANTON REGIONAL CHAMBER HEALTH FUND				D Employer Identification Number (EIN) 82-6483792	
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)					
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)		
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-					

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	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	183 AUTO AND DIESEL	c EIN-PN 81-4889931-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	201 MEDICINE INC	c EIN-PN 31-1527679-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	5 STAR METERING LLC	c EIN-PN 84-2331189-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	A & R BUILDERS LTD	c EIN-PN 34-1583602-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	A CUT ABOVE TREE SERVICES LLC	c EIN-PN 27-0256297-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	A-Z HOME HEALTHCARE SERVICES INC	c EIN-PN 81-5062771-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ABRASIVE SUPPLY COMPANY	c EIN-PN 34-1810987-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ACCEL PEST AND TERMITE CONTROL LLC	c EIN-PN 47-3491052-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ACCESS HEALTH STARK COUNTY INC	c EIN-PN 46-2949527-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ACCESS TUSC	c EIN-PN 47-5674812-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ACCU - RITE TOOL & DIE CO	c EIN-PN 34-1292270-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ACE ROLL OFF SERVICE	c EIN-PN 34-1734080-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ADAMS & SONS PUMP SERVICE INC	c EIN-PN 31-1542501-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ADELMANS TRUCK PARTS CORP	c EIN-PN 34-1529074-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ADRP DBA A-LIST PROPERTIES LLC	c EIN-PN 82-3551859-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ADVANCED AUTO BODY INC	c EIN-PN 34-1805033-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ADVANCED CAULKING & RESTORATION LLC - ZZ	c EIN-PN 45-5139589-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ADVANCED DEWATERING LLC - ZZ	c EIN-PN 27-4647129-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ADVANCED WATER AND WASTEWATER OPERATIONS LLC	c EIN-PN 86-2886714-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ADVANTECH SERVICE AND PARTS	c EIN-PN 20-2190846-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ADVOCARE CLINIC LLC	c EIN-PN 83-2026620-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	AFD INDUSTRIES INC	c EIN-PN 22-2589702-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	AIR CON TECH SYSTEMS INC	c EIN-PN 34-1576222-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	AKRON BUILDING DBA RIVERREACH CONSTRUCTION	c EIN-PN 34-1744204-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	AKRON PEDIATRIC SURGICAL ASSOCIATES INC	c EIN-PN 30-0033721-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	AKRON RESERVE AMMUNITION INC	c EIN-PN 27-1191663-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ALBORN EXCAVATING LLC	c EIN-PN 20-4656792-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ALEC J WALKER LLC DBA NABORHOOD INN	c EIN-PN 39-2274234-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ALEXANDER FUNERAL HOME	c EIN-PN 34-1095330-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ALLIANCE FAMILY HEALTH CENTER, INC	c EIN-PN 81-0789614-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ALPINE BIBLE CHURCH	c EIN-PN 34-1874078-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ALTERCLINIC ANIMAL CARE	c EIN-PN 82-1253944-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ALTIMATE CONSTRUCTION LLC	c EIN-PN 32-0328558-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ALTMAN PROPERTY MANAGEMENT	c EIN-PN 20-2796249-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ALWAYS BETTER COMMUNICATION	c EIN-PN 31-1542946-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	AMANS COLLISION CENTER INC	c EIN-PN 34-1867734-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	AMC ROOFING LLC	c EIN-PN 61-1674055-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	AMERICAS BEST BOWSTRINGS INC	c EIN-PN 46-1787323-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ANIMAL CARE CLINIC	c EIN-PN 84-3458251-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	APPLE CREEK BANKING CO	c EIN-PN 34-0070435-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	APPLIED BEHAVIORAL CONNECTIONS	c EIN-PN 83-3373767-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ARNOLD FUNERAL HOMES	c EIN-PN 34-0072570-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ARTHRITIS CLINIC OF STARK COUNTY INC	c EIN-PN 34-1448753-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ARTS IN STARK	c EIN-PN 34-6609771-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ASPIREDX, LLC	c EIN-PN 46-2286051-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ATOMIC SEWER LLC	c EIN-PN 86-1079771-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ATWOOD GLASS INC	c EIN-PN 34-1773959-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	AUTOBAHN HYPERFORMANCE AUTO DETAIL INC	c EIN-PN 30-0167492-501

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 REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	AUTOWORKS COLLISION CENTER OF STRASBURG INC
c	EIN-PN	87-1696226-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	AVO BEHAVIORAL HEALTH LLC
c	EIN-PN	85-1147479-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	B ZIMMERMAN LAW
c	EIN-PN	30-0250819-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	B. F. PLASTICS INC
c	EIN-PN	34-0841815-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	B2 INC - ZZ
c	EIN-PN	02-0695530-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	BAASTEN MCKINLEY & CO LPA
c	EIN-PN	20-4357505-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	BAILEYS QUALITY PLUMBING & BACKFLOW LLC
c	EIN-PN	93-1656651-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	BAIRS INC
c	EIN-PN	34-0858092-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	BANK OF MAGNOLIA
c	EIN-PN	34-0083490-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	BANYAN PRODUCT SOLUTIONS LLC
c	EIN-PN	47-4216147-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	BARLEYS HEATING & AIR CONDITIONING
c	EIN-PN	34-1194734-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	BARNES WALLCOVERING INC - ZZ
c	EIN-PN	34-1602712-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BAUM PLUMBING, LLC	c EIN-PN 87-2335754-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BEACON CHARITABLE PHARMACY	c EIN-PN 20-0797475-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BEESE FULMER INVESTMENT MANAGEMENT INC	c EIN-PN 34-1314835-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BELDEN VILLAGE TOWING COMPANY INC	c EIN-PN 34-1931796-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BERLIN CONTRACTORS	c EIN-PN 34-1622128-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BERLIN HEATING AND COOLING LLC	c EIN-PN 47-2415059-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BERLIN TOWNSHIP	c EIN-PN 34-6000253-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BERLIN VILLAGE GIFT BARN LTD	c EIN-PN 34-1920710-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BEST MOLD & MANUFACTURING INC	c EIN-PN 34-1968267-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BETHLEHEM TOWNSHIP TRUSTEES	c EIN-PN 34-6000269-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BETTER BUSINESS BUREAU CANTON REGION	c EIN-PN 34-0875402-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BH SIMON ENTERPRISES INC	c EIN-PN 88-0749918-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BIG BROTHERS AND BIG SISTERS OF EAST CENTRAL OHIO INC	c EIN-PN 34-1544215-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BITTINGER CARBIDE LLC	c EIN-PN 34-1375750-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BIXLER MOORE LLC	c EIN-PN 81-4768519-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BLUEGRASS IRRIGATION & LIGHTING INC	c EIN-PN 34-1821870-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BOB & PETES FLOORS INC	c EIN-PN 34-1673570-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BOLEN INSURANCE AND FINANCIAL SERVICES, INC	c EIN-PN 47-1268876-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BOLIVAR VOLUNTEER FIRE DEPARTMENT INC	c EIN-PN 34-6607928-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BOND LAW LTD	c EIN-PN 82-3579729-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BRADYS LANDSCAPING	c EIN-PN 85-1885792-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BRANDYWINE CONSTRUCTION & RESTORATION, LLC	c EIN-PN 46-2868018-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BRIAN FRANKS ELECTRIC INC	c EIN-PN 34-1644072-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BRIAN L AMISON DDS LLC	c EIN-PN 20-1801285-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BRITAINS AUTO SERVICE INC	c EIN-PN 34-1115143-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BROOKSIDE COUNTRY CLUB	c EIN-PN 34-0116165-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BROSNAHANS CONCRETE CONSTRUCTION LLC	c EIN-PN 46-2608207-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BROTHERHOOD HVAC LLC	c EIN-PN 84-2513090-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BRUBAKERS NORTHCOAST LP	c EIN-PN 81-1087339-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BRYAN J TERHUNE JR DMD INC	c EIN-PN 80-0350889-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BSE LIGHTING SOLUTIONS INC	c EIN-PN 83-1154734-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BUCKEYE LANDSCAPES & DESIGN	c EIN-PN 47-3405325-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BULK CARRIERS TRANSPORTATION EQUIPMENT COMPANY INC	c EIN-PN 31-0890920-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	BURNS EQUIPMENT CO INC	c EIN-PN 34-1890351-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CAMPBELL BROTHERS INC	c EIN-PN 34-1300052-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CAMPBELL LANDSCAPING LLC	c EIN-PN 27-5347386-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON BALLET	c EIN-PN 34-6608636-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON ERECTORS INC	c EIN-PN 34-0937048-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON FLOORS INC	c EIN-PN 34-0733558-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON FOR ALL PEOPLE INC	c EIN-PN 86-3136691-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON HOTEL & RESTAURANT SUPPLY INC	c EIN-PN 34-1045238-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON LOGISTICS DBA THINGS TO MOVE	c EIN-PN 83-2500306-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON OIL WELL SERVICE INC	c EIN-PN 34-1113921-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON REGIONAL AREA HEALTH EDUCATION CENTER	c EIN-PN 34-1392513-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON SOUTH CAR WASH	c EIN-PN 34-1752368-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON STERILIZED WIPING CLOTH CO INC	c EIN-PN 34-0753812-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CANTON SYMPHONY ORCHESTRA	c EIN-PN 34-6533119-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CAPTIVE RADIOLOGY LLC - ZZ	c EIN-PN 51-0523186-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CAROLINA STAIR SUPPLY CO	c EIN-PN 34-1646690-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CARPENTER HEATING & COOLING INC	c EIN-PN 34-1757058-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CARPENTER MATERIALS GROUP, INC	c EIN-PN 16-1681651-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CARROLL COUNTY DISTRICT LIBRARY	c EIN-PN 34-6000559-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CARROLL HILLS INDUSTRIES	c EIN-PN 34-1445349-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CARROLL MEADOWS INC	c EIN-PN 34-1578842-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CASSADAY-TURKLE-CHRISTIAN FUNERAL & CREMATION SERVICES	c EIN-PN 34-0824426-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CASSEL BEAR LTD	c EIN-PN 30-0589500-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CASTLEBAR CORPORATION	c EIN-PN 45-1732281-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CAVENEY INC	c EIN-PN 34-1665329-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CEE B GLASS INC	c EIN-PN 34-1053287-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CENTER FIELD LLC DBA PLAY IT AGAIN SPORTS	c EIN-PN 26-0785117-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CENTRAL CHRISTIAN SCHOOL	c EIN-PN 34-6007071-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CENTRAL OHIO RECOVERY INC	c EIN-PN 34-1886590-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CENTRAL PAINTING & SANDBLASTING INC	c EIN-PN 20-4054457-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CENTRALIZED BUSINESS SOLUTIONS COMPANY	c EIN-PN 27-0867546-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CHAD COYLE DDS LLC	c EIN-PN 82-5315186-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CHILDRENS PHYSICIANS INC	c EIN-PN 34-1577546-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CHIPPEWA GOLF CORP	c EIN-PN 34-1587590-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CIGAR 30	c EIN-PN 84-3495354-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CIRCLE MACHINE ROLLS INC	c EIN-PN 34-1023434-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CITY OF UHRICHSVILLE	c EIN-PN 34-6002867-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CIVPRO ENGINEERING LLC	c EIN-PN 20-4324533-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CLAPPER & COMPANY	c EIN-PN 46-2666560-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CLARK PLUMBING & HEATING CO	c EIN-PN 34-1917067-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CLASSIC STONEWORKS LLC	c EIN-PN 83-1552687-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CLASSICO LANDSCAPES INC	c EIN-PN 31-1500319-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CNC CUSTOM MACHINING INC	c EIN-PN 34-0410881-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	COCKLIN PLUMBING & TRENCHING INC	c EIN-PN 30-0127868-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	COLORWRAP INC	c EIN-PN 86-1204350-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	COMFORT REFRIGERATION SERVICES INC	c EIN-PN 27-0632807-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	COMFORTPRO HEATING & COOLING LLC	c EIN-PN 88-0588047-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	COMMUNITY BUILDING PARTNERSHIP OF STARK COUNTY INC	c EIN-PN 45-1560552-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	COMMUNITY ONE CREDIT UNION OF OHIO INC	c EIN-PN 34-0130830-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	COMMUNITY RESTORATION CENTERS INC OF STARK COUNTY	c EIN-PN 34-1635381-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CONGREGATION OF THE DIVINE SPIRIT	c EIN-PN 37-1695977-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CONNOLLY HILLYER & ONG, INC	c EIN-PN 34-1870711-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CONTRACTOR CONNECTION INC	c EIN-PN 52-2105556-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	COPIER CONSULTANTS INC	c EIN-PN 34-1543158-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CR GODWIN LLC DBA ZONED COMFORT HEATING & COOLING	c EIN-PN 82-4518770-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CRIMALDI ENTERPRISES INC DBA PAPA JOHNS PIZZA	c EIN-PN 31-1488736-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CROSS TRUCK EQUIPMENT CO, INC	c EIN-PN 34-0966846-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CUSTOM AUTO BODY INC	c EIN-PN 34-1104322-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CUSTOM CRAFT CONTROLS INC	c EIN-PN 34-1611585-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	CYBER SHIFT TECHNOLOGIES, LLC	c EIN-PN 81-1436665-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DAMON INDUSTRIES INC	c EIN-PN 34-0683269-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DAN BRAUCHERS IMPORT AUTOMOTIVE	c EIN-PN 46-1993937-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DAN BUXTON ROOFING LLC	c EIN-PN 46-4910724-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DAN WEAVER TRUCKING, LLC	c EIN-PN 45-2705370-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DAVID F PAVLICK DMD	c EIN-PN 45-2577894-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DAVID WOLFE DESIGN, INC	c EIN-PN 34-1526501-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DAVIDSON WELL DRILLING LLC	c EIN-PN 30-1198475-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DAVIES PHARMACY INC	c EIN-PN 34-1192558-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DAYTON EXCAVATING & REPAIR SERVICE LLC	c EIN-PN 26-3729067-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DECO-CRETE SUPPLY INC	c EIN-PN 20-4177649-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DECOR BUILT CONSTRUCTION COMPANY INC	c EIN-PN 34-1635338-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DEE-OH-GEES DAYCARE & SPA, LLC	c EIN-PN 84-4582545-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DEHOFF AGENCY INC	c EIN-PN 34-0905164-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DEIBEL SURVEYING INC	c EIN-PN 34-1688084-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DELTA PLATING DBA OLYMCO INC	c EIN-PN 34-1527559-501

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 REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DENNIS SALAPACK DDS**c** EIN-PN 32-0280769-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DENNISON RAILROAD DEPOT MUSEUM**c** EIN-PN 34-1440913-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DIANO SUPPLY CO**c** EIN-PN 34-0768513-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DIESEL CONTROLS INC**c** EIN-PN 34-1675562-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DIOGUARDIS ITALIAN FOODS INC**c** EIN-PN 47-2954614-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DIPIETRO EXCAVATING INC**c** EIN-PN 34-1737409-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DIRECT ACTION**c** EIN-PN 34-1853842-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DIRTY DONKEY CUSTOMS LLC**c** EIN-PN 85-2135134-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DIVERSIFIED ENGINEERING INC**c** EIN-PN 34-1736266-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DIXON FAMILY DENTISTRY**c** EIN-PN 26-2860155-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DOCS LAWN & GARDEN EQUIPMENT**c** EIN-PN 34-1054202-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor DOMESTIC VIOLENCE PROJECT INC**c** EIN-PN 34-1263226-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DOUGS AUTO SERVICE	c EIN-PN 30-0492156-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DOUGS TRUCKING INC	c EIN-PN 34-1806308-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DOVER CABINET INDUSTRIES INC	c EIN-PN 34-1575421-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DOVER PUBLIC LIBRARY	c EIN-PN 34-6000870-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DOWELL MANAGEMENT LLC	c EIN-PN 81-2596415-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DOYLESTOWN TELEPHONE COMPANY	c EIN-PN 34-0189310-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DR ASH INC	c EIN-PN 31-1537599-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DR NATHANIEL J LEGGETT INC DBA CANTON SOUTH EYECARE	c EIN-PN 33-1151917-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DRS HENZEL & SMITH INC	c EIN-PN 34-1088449-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DUMONTS SPORTING GOODS INC	c EIN-PN 34-1228982-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DUNDEE AUTOMOTIVE INC	c EIN-PN 34-1517312-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	DUTHCRAFT TRUSS & COMPONENT INC	c EIN-PN 20-3795767-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	E. WARTHER & SONS, INC	c EIN-PN 34-0775992-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	E.K. NORCH INC	c EIN-PN 20-2599958-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	EAGLE REALTY LTD	c EIN-PN 31-1495688-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	EAST CANTON USED CARS	c EIN-PN 34-1615615-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	EAST HOLMES FAMILY CARE INC	c EIN-PN 34-1109450-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ECLECTIC TECHNICAL SYSTEMS INC DBA MIDDAUGH PRINTERS	c EIN-PN 34-1384101-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	EDGEPOINT CONSTRUCTION	c EIN-PN 31-1572384-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	EDWARD A LOHNES DMD INC	c EIN-PN 56-2329050-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	EDWARD R HART CO	c EIN-PN 34-0277570-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	EJ STUTZMAN INC - ZZ	c EIN-PN 34-1575150-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ENERGY POWER SERVICES INC	c EIN-PN 26-4243289-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ERWIN T SU DDS	c EIN-PN 34-1745670-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ESPENSCHIED LTD DBA THE NEW COMPANY	c EIN-PN 31-1494360-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	EVANICH ACCOUNTING & TAX LLC	c EIN-PN 26-1615869-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	F W RENNER & SONS INC	c EIN-PN 34-0819963-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FAMILY EYECARE ASSOCIATES INC	c EIN-PN 34-1441509-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FAMILY MEDICINE INC	c EIN-PN 20-8986716-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FAMILY WHOLESale, LLC	c EIN-PN 81-2577648-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FARRIS PRODUCE INC	c EIN-PN 34-1147375-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FEDORKO CHIROPRACTIC HEALTH CENTER	c EIN-PN 34-1373579-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FHL GROUP INC DBA FASTSIGNS #224101	c EIN-PN 84-3418176-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FIELDSTONE COUNSELING INC	c EIN-PN 82-1392228-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FIRST BAPTIST CHURCH OF JACKSON	c EIN-PN 52-2222855-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FIRST FRIENDS CHURCH OF CANTON	c EIN-PN 34-1081402-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FITZPATRICK ZIMMERMAN & ROSE CO LPA	c EIN-PN 34-1094182-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FLOORING EDGE LLC	c EIN-PN 86-3500724-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FLORLINE GROUP INC	c EIN-PN 34-1499914-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FOFM LLC	c EIN-PN 20-1991169-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FOLTZ MACHINE LLC	c EIN-PN 46-4027548-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FOR PAWS BLUE CROSS ANIMAL HOSPITAL	c EIN-PN 45-1600539-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FOUR PINES FARM LTD	c EIN-PN 20-2694777-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FOX AUTO SALVAGE & PARTS INC	c EIN-PN 34-1285651-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FRESHAIRE CPAP & SUPPLIES, LLC - ZZ	c EIN-PN 81-1888661-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FRIENDS AND FAMILY CREDIT UNION	c EIN-PN 34-0925129-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FROGGYS CAR WASH	c EIN-PN 83-3211205-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	FULL SERVICE CONSTRUCTION & REMODELING LLC	c EIN-PN 20-3017747-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	G & D FAB & WELDING LLC	c EIN-PN 83-2313061-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GALICKS INC	c EIN-PN 34-1165601-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GARBER PLUMBING	c EIN-PN 43-2000335-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GARNER INSURANCE AND FINANCIAL SERVICES	c EIN-PN 30-0787907-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GASTROENTEROLOGY SPECIALISTS INC	c EIN-PN 34-1773267-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GEMINI INDUSTRIAL MACHINE GROUP LLC	c EIN-PN 47-5355898-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GEMSTONE GAS & SUPPLY LLC	c EIN-PN 20-3619526-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GENERAL COLOR LLC	c EIN-PN 26-3610416-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GENTZLER TOOL & DIE CORPORATION	c EIN-PN 34-0781476-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GIONINOS PIZZERIA OF DOVER LLC	c EIN-PN 84-2260498-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GLEN REICHENBACH STATE FARM INSURANCE AGENCY	c EIN-PN 31-1492830-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GMC HEATING AND COOLING INC	c EIN-PN 34-1731338-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GOING YARD EXTERIOR LIGHTING & LANDSCAPE DESIGN LLC	c EIN-PN 47-5127673-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GOMAPLAST MACHINERY INC	c EIN-PN 34-1718790-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GRABILL PLUMBING & HEATING INC	c EIN-PN 34-1144840-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GRASSHOPPER PROPERTY MAINTENANCE	c EIN-PN 34-1809444-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GREAT RANGER SERVICES LLC	c EIN-PN 81-1123947-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GREATER ALLIANCE FOUNDATION INC	c EIN-PN 34-1873212-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GREATER STARK COUNTY URBAN LEAGUE INC	c EIN-PN 20-3863189-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GREENS AND THINGS LTD	c EIN-PN 32-0353845-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GREENER GRASS LLC	c EIN-PN 61-1660646-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GREENWALD UNDERWRITING ASSOCIATES DBA GDK & COMPANY	c EIN-PN 34-1156993-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GREY GHOST ENTERPRISES LLC DBA SUGARBUSH KENNELS	c EIN-PN 20-3864307-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	GRIFFETH & SON TRUCKING	c EIN-PN 34-1568276-501

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 REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 82-2742008-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 34-1730713-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 34-1585437-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 34-1943084-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 82-5435025-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 82-4781914-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 52-2071748-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 33-2084865-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 83-1853837-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 34-1652047-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 34-1492916-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	c EIN-PN 34-1664934-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HARTVILLE THRIFT SHOPPE	c EIN-PN 34-1652117-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HARTZLERS QUALITY HOUSING INC	c EIN-PN 34-1836583-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HAYMAKER TREE AND LAWN SERVICE	c EIN-PN 46-1737619-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HEARTLAND EXPERT AUTOMOTIVE RESOURCE TEAM INC	c EIN-PN 93-2311073-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HEINEMANN SAW COMPANY	c EIN-PN 34-1586034-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HELBLINGS ACQUISITION LLC	c EIN-PN 99-4010757-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HENDERSON ROOFING & CONSTRUCTION LLC	c EIN-PN 47-2198510-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HERITAGE CHRISTIAN SCHOOL	c EIN-PN 34-1026284-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HIGGINS EXCAVATING LTD	c EIN-PN 85-3632298-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HILLS & DALES VISION INC	c EIN-PN 34-1805695-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HILLSIDE CABINET COMPANY LLC	c EIN-PN 92-2748493-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HIMES SLATER & HERSHBERGER LLC	c EIN-PN 34-1126504-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HKH CONSTRUCTION INC DBA BENCHMARK CONSTRUCTION	c EIN-PN 93-4405019-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOBS INDUSTRIAL ROOFING & SHEET METAL, INC	c EIN-PN 20-3344990-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOLDSWORTH INDUSTRIAL FABRICATING	c EIN-PN 34-1324837-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOLMES COUNTY CHAMBER OF COMMERCE	c EIN-PN 34-1413566-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOLMES FIRE DISTRICT NO 1	c EIN-PN 34-1187795-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOLMES OIL DISTRIBUTING	c EIN-PN 42-1575263-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOLMESVILLE ELECTRIC INC	c EIN-PN 34-1557228-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOMEWORTH FABRICATION & MACHINE INC	c EIN-PN 34-1516273-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOOPES FERTILIZER WORKS INC	c EIN-PN 34-1367814-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOSNER CARPETS AND INTERIORS, INC	c EIN-PN 34-1376023-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOUSTON REED LLC	c EIN-PN 92-0296073-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HOWELLS AND BAIRD INC	c EIN-PN 34-1045988-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HPE INC - ZZ	c EIN-PN 34-1368898-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HS HL PRODUCTIONS, LLC	c EIN-PN 81-5118493-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	HV COIL LLC	c EIN-PN 46-4751687-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	I SQ R POWER CABLE CO	c EIN-PN 76-0765961-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	I-GROUP TECHNOLOGIES LLC	c EIN-PN 27-0290395-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ICAN INC	c EIN-PN 34-1575839-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	INDENCO INC	c EIN-PN 34-1089164-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	INDUSTRIAL PARTS & SERVICE CO	c EIN-PN 34-1599128-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	INDUSTRIAL TOOL COMPANY INC	c EIN-PN 34-0668017-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	INTECH EDGE LLC DBA INTECH COMPUTER SOLUTIONS	c EIN-PN 87-4108550-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	INTECH KARTING LLC DBA K1 SPEED CANTON	c EIN-PN 85-0808844-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	INTEGRITY CRANE SERVICES	c EIN-PN 34-1950981-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	J BABE STEARN COMMUNITY CENTER	c EIN-PN 34-0828418-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	J MILLER CARPENTRY	c EIN-PN 87-4312487-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	J&M REPAIR LLC DBA LOGIVISION TECHNOLOGIES	c EIN-PN 27-1345966-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	JDT INDUSTRIAL WELDING SERVICES INC	c EIN-PN 82-3354467-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	JEFF WALLICK LLC	c EIN-PN 31-1562277-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	JP AND JR FIT DBA CLEAN EATZ	c EIN-PN 81-3090204-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	K & K INDUSTRIES INC DBA K-CARPET COMPANY	c EIN-PN 34-1194809-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KAUFMAN MULCH INC	c EIN-PN 31-1501621-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KEISTER PLUMBING & HEATING INC	c EIN-PN 34-1564957-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KELLER RIGGING LLC	c EIN-PN 46-5606053-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KENDEL WELDING & FABRICATION INC	c EIN-PN 34-1870024-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KENSTAR SERVICES LLC	c EIN-PN 82-1420337-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KEVIN D HUFF DDS LLC	c EIN-PN 46-0989162-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KIDS WORLD PLAYSYSTEMS LTD	c EIN-PN 02-0657216-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KING MACHINE & TOOL CO	c EIN-PN 34-1405195-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KINGSWAY SERVICES LLC	c EIN-PN 84-4138384-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KISHA AND TABELLION CO LLC	c EIN-PN 34-1895704-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KYLCASE METALS LLC	c EIN-PN 20-3519947-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	KYLER LUNDHOLM LPA	c EIN-PN 34-1725556-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LA OFFICE SOLUTIONS	c EIN-PN 34-1757008-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LAKE CABLE RECREATION ASSOCIATION INC	c EIN-PN 34-0347239-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LAKE MOHAWK PROPERTY OWNERS ASSOCIATION	c EIN-PN 34-0971962-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LAMANNA TREE SERVICE, INC	c EIN-PN 34-1824227-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LAUREN ILLUMINATION LLC - ZZ	c EIN-PN 35-2578717-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LEGACY CAREGIVERS LLC	c EIN-PN 83-1946594-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LERCHS 1423 INCORPORATED	c EIN-PN 83-4002648-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LION TECHNOLOGIES LLC	c EIN-PN 05-0570044-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LIVING WATER COMMUNITY CHURCH	c EIN-PN 34-1551679-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LL LOG CABIN CATERING LTD	c EIN-PN 27-4526017-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	LORRIE FUCHS ATTORNEY AT LAW	c EIN-PN 34-1750731-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	M J EXCAVATING SERVICES, LTD	c EIN-PN 34-1832423-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MACALA & PIATT LLC	c EIN-PN 34-1933033-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MACONACHY STRADLEY INSURANCE AGENCY INC - ZZ	c EIN-PN 34-1791504-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MAE COLLISION INC	c EIN-PN 87-3618675-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MAJOR LEAGUE TIRE LLC	c EIN-PN 81-3495013-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MAKOS MARKET INC	c EIN-PN 34-1744294-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MARAZITA GRAPHICS	c EIN-PN 34-1527782-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MARSHALL LAND COMPANY LLC	c EIN-PN 20-8348912-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MARTINS STEEL FABRICATION INC	c EIN-PN 34-1724605-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MASONS AUTO PARTS	c EIN-PN 34-0897660-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MASSILLON MUSEUM	c EIN-PN 34-6001833-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MASSILLON WESTSTARK CHAMBER OF COMMERCE	c EIN-PN 34-0383260-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MATERIAL HANDLING SPECIALISTS LLC	c EIN-PN 45-4565944-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MBR PARTNERS INC	c EIN-PN 84-2751682-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MCBREARTY SOFT TISSUE & SPORT CHIROPRACTIC	c EIN-PN 20-5900727-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MCINTOSH OIL CO INC	c EIN-PN 34-1236431-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MCKAY GROSS DIVISION	c EIN-PN 34-1289267-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MCMILLEN HEATING & COOLING LLC - ZZ	c EIN-PN 83-2274021-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MDM P MANAGEMENT - ZZ	c EIN-PN 85-3968020-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MEB SYSTEMS INC	c EIN-PN 34-1769371-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MENNONITE MUTUAL INSURANCE COMPANY	c EIN-PN 34-0396080-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MERIT SEED	c EIN-PN 33-1739147-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MICROPLEX INC	c EIN-PN 34-1879033-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MIDAY DENTAL LABORATORY	c EIN-PN 27-5384080-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MIDDLEBRANCH AUTO SERVICES INC	c EIN-PN 34-1946046-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MIDLAKE PRODUCTS AND MANUFACTURING	c EIN-PN 34-1571105-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MIKES BODY SHOP	c EIN-PN 31-1547755-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MILHOAN ASPHALT MAINTENANCE INC	c EIN-PN 46-2318497-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MILLER CORE II, INC	c EIN-PN 81-0652455-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MILLERSBURG CLINIC INC	c EIN-PN 34-1877714-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MILLWOOD LUMBER INC	c EIN-PN 34-1762225-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MIRACLE PLUMBING & HEATING	c EIN-PN 34-1460139-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MJK ELECTRICAL ENGINEERING LLC	c EIN-PN 46-2821018-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MOBILE IBC SERVICES LTD	c EIN-PN 34-1928029-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MOHAWK TRANSPORT LLC	c EIN-PN 27-5401288-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MONTY ENTERPRISES INC	c EIN-PN 46-1121603-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MOORE & NEIDENTHAL INC	c EIN-PN 34-1115383-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MOST PAVING CO	c EIN-PN 20-0847391-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MOTION MOBILITY AND DESIGN INC	c EIN-PN 34-1913810-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MOTTER & MEADOWS ARCHITECTS	c EIN-PN 34-1914884-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MPI LOGISTICS & SERVICE	c EIN-PN 34-1502973-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	MT HOPE AUCTION	c EIN-PN 34-1270547-501

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 REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	MT HOPE FENCE LLC
c	EIN-PN	92-2944292-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NAIL DESIGN DBA DYSTANY NAILS & SPA LLC
c	EIN-PN	20-4889694-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NETWORK SOLUTIONS AND OPTIMIZATION LLC
c	EIN-PN	58-2671997-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NEURO BEHAVIORAL CLINICAL RESEARCH - ZZ
c	EIN-PN	55-0871162-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NEW HORIZON FINANCIAL GROUP INC
c	EIN-PN	30-0218891-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NO LIMITS TRANSPORTATION LLC
c	EIN-PN	37-1947487-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NORTH AMERICAN COMMERCIAL TIRE RESOURCES INC
c	EIN-PN	30-1083310-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NORTH CANTON COLLISION
c	EIN-PN	34-1887051-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NORTH COAST AIR CARE INC
c	EIN-PN	20-3469229-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NORTHEAST ERECTORS II, INC
c	EIN-PN	85-1177855-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NORTHEASTERN FOOD SERVICES INC
c	EIN-PN	34-1906388-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND
b	Name of plan sponsor	NORTHERN MOBILE ELECTRIC
c	EIN-PN	34-1853677-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	NORTHSIDE AUTO REPAIR, LTD	c EIN-PN 34-1946210-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	NOSE TO TAIL VETERINARY CLINIC LLC	c EIN-PN 88-1720348-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	NOVELLI CHIROPRACTIC CLINIC INC	c EIN-PN 34-1489072-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OS POWER TONG INC	c EIN-PN 30-0090213-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OAKSHADOWS KENNEL PLUS	c EIN-PN 34-1780453-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OCCMED-PRO INC	c EIN-PN 34-1857595-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OHIO AUTO SUPPLY COMPANY	c EIN-PN 34-1059834-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OHIO EYE ALLIANCE INC	c EIN-PN 34-1794374-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OHIO MENNONITE CAMP ASSOCIATION INC	c EIN-PN 34-1058128-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OHIO PRECISION INC	c EIN-PN 34-1812965-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OHIO RIVER CORRIDOR LLC	c EIN-PN 82-3395992-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OHIO ROLL GRINDING INC	c EIN-PN 34-1334580-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OHIO SPECIALTY SURGICAL SUITES, LLC	c EIN-PN 46-4078247-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OHIO WORKROOM LLC	c EIN-PN 88-2451426-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OJIM INC	c EIN-PN 34-1210943-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OLD WORLD CLASSICS LLC - ZZ	c EIN-PN 27-0641381-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OLDE WORLD BAKERY INC - ZZ	c EIN-PN 80-0564312-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	OMEGA CEMENTING CO	c EIN-PN 34-1525359-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ONFIRE MARKETING LLC	c EIN-PN 26-2100977-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ORION MANAGEMENT INC DBA ORION CONSTRUCTION	c EIN-PN 30-0128520-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ORRVILLA INC	c EIN-PN 34-1244601-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ORRVILLE PET SPA & RESORT LLC	c EIN-PN 30-0247862-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ORRVILLE VETERINARY CLINIC	c EIN-PN 34-1204651-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ORWICK TREE SERVICE INC	c EIN-PN 34-1849379-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PAGEANTRY INNOVATIONS LLC	c EIN-PN 46-0630318-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PAINT VALLEY EQUIPMENT LTD	c EIN-PN 34-1917362-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PAKJ LLC DBA PRIMELINE INDUSTRIES	c EIN-PN 34-1566376-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PARAGRAPHS INC	c EIN-PN 34-1176529-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PARSONS CONCRETE CONTRACTORS INC	c EIN-PN 31-1506957-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PARTNERS IN FAMILY PRACTICE - ZZ	c EIN-PN 20-0830551-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PARTSMART HYDRAULICS LLC	c EIN-PN 46-1354224-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PAT JOYCE INSURANCE AGENCY INC - ZZ	c EIN-PN 31-1706908-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PATRIOT TITLE AGENCY INC	c EIN-PN 20-0149371-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PAUL KAUFMAN CO INC - ZZ	c EIN-PN 31-1541949-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PAUL YODER CONSTRUCTION	c EIN-PN 34-1472136-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PAULI ELECTRIC INC	c EIN-PN 34-1724735-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PELLEGRINO COMPANY	c EIN-PN 34-1210997-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PEPPERS PLUMBING	c EIN-PN 34-1803266-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PER-TECH INC	c EIN-PN 34-1509601-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PERRY CHRISTIAN CHURCH	c EIN-PN 34-6004368-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PETERMAN PLUMBING & HEATING INC	c EIN-PN 34-1236285-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PETRARCA LANDCARE INC	c EIN-PN 45-2517119-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PHILIP J DEMARIO MOVING & STORAGE INC	c EIN-PN 34-1778688-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PHILOSOPHY OF PIE	c EIN-PN 38-3771039-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PIONEER PROGRAMMING INC	c EIN-PN 34-1741049-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PITTMAN ENGINEERING INC	c EIN-PN 34-1939469-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PJS FABRICATING INC	c EIN-PN 34-1793907-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PLASTICARDS INC DBA RAINBOW PRINTING CO	c EIN-PN 34-1388100-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PLUS LTD INC	c EIN-PN 34-1678610-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PLYMOUTH CREATIVE PRODUCTS LLC	c EIN-PN 92-1036651-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	POLEN MEATS LLC - ZZ	c EIN-PN 81-3528519-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PORTAGE ELECTRIC PRODUCTS INC	c EIN-PN 34-0908151-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	POWELL CHIROPRACTIC INCORPORATED	c EIN-PN 34-1229523-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PRECISION CABINET COMPANY	c EIN-PN 80-0107525-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PREGNANCY SUPPORT NETWORK	c EIN-PN 34-1461765-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PREMERE ENTERPRISES INC	c EIN-PN 34-1841088-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PREMIER PHARMACY SERVICES	c EIN-PN 82-4962962-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PRENTICE CARE LLC	c EIN-PN 47-5586657-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PRESTELIGENCE LTD	c EIN-PN 20-8006863-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PRESTIGE PLUMBING LLC	c EIN-PN 30-0414291-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PRIME ENGINEERED PLASTICS CORP	c EIN-PN 34-1839868-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PROFESSIONAL AVIATION AIRCRAFT SERVICES LTD	c EIN-PN 34-1839910-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PROREP INC	c EIN-PN 34-1890678-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PROVIDING ASSISTANCE IN CRISIS EMERGENCY W/ DBA	c EIN-PN 34-1329875-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	PULMONARY PHYSICIANS INC	c EIN-PN 34-1574729-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	QUALITY POURED WALLS LLC	c EIN-PN 30-0938476-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	QUILLIN DAIRY FARM, LTD - ZZ	c EIN-PN 34-6600007-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	QUILTING CREATIONS INTERNATIONAL INC	c EIN-PN 34-1828641-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	R & R TRUCK SALES INC - ZZ	c EIN-PN 34-1401947-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	R & W TRANSPORT LLC	c EIN-PN 27-0783274-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	R T HAMPTON PLUMBING & HEATING INC	c EIN-PN 34-1818622-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	R.K. LINDSEY FUNERAL HOME INC	c EIN-PN 34-0929251-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RADIANCE TAN LLC	c EIN-PN 99-0579019-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RAGON CHIROPRACTIC HEALTH CENTER	c EIN-PN 26-3474404-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RANDOLPH TOOL CO INC	c EIN-PN 34-1301494-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RANDYS AUTOMOTIVE LLC - ZZ	c EIN-PN 34-1663048-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RAVENS SALES AND SERVICE	c EIN-PN 35-2035251-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RBS GENERAL CONTRACTING LLC	c EIN-PN 27-0322281-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RC INDUSTRIES INC DBA MIDS TRUE SICILIAN PASTA SAUCE	c EIN-PN 31-1544024-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	REFORMATION BIBLE CHURCH	c EIN-PN 88-1141286-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	REGIONAL VASCULAR & VEIN INSTITUTE INC	c EIN-PN 34-1882527-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	REICHMAN PLUMBING	c EIN-PN 81-1717407-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	REINHARD KOPKO KELLER & MCDONNELL DBA RKKM - ZZ	c EIN-PN 34-1724787-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	REK PARTNERS INC DBA PRO FAB INC	c EIN-PN 47-4359151-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RELIABLE READY MIX CO	c EIN-PN 04-3734038-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RESURANCE LLC - ZZ	c EIN-PN 81-1337634-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RMB MILLER, INC DBA UPFINANCIAL ADVISORS	c EIN-PN 86-3515514-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RMI CEMENT LLC	c EIN-PN 20-2671597-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ROBERT K OSBORNE DDS & ASSOCIATES INC	c EIN-PN 34-1210672-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ROBERTS UNIFORMS & EMBROIDERY LLC	c EIN-PN 59-3808583-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ROBERTSON INDUSTRIES INC	c EIN-PN 34-1278254-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ROBERTSONS PLUMBING & HEATING DBA ROBERTSONS BUILDING CTR	c EIN-PN 34-0979181-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ROHOLT VISION INSTITUTE	c EIN-PN 34-1958380-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ROHRER FARMS	c EIN-PN 34-0975329-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RON RUEGG AUTOMOTIVE INC	c EIN-PN 34-1972095-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ROTARY SEAMER SPECIALIST GROUP DBA RSS MACLIN	c EIN-PN 83-4545895-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ROUND LAKE CHRISTIAN CAMP	c EIN-PN 34-0745529-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ROYAL ESTATE MANAGEMENT CORP	c EIN-PN 34-1343332-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RTM TRANSPORT LLC	c EIN-PN 20-2228790-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RUEGG BROTHERS SERVICE & TOWING LLC	c EIN-PN 34-1886328-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	RUSSO CONCRETE LLC	c EIN-PN 46-5688967-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SACRED GROUND	c EIN-PN 85-3496016-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SAMARITAN CARE INC	c EIN-PN 34-1850825-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SAND ROCK MINERAL WATER CO	c EIN-PN 34-0507690-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SAND SEBOLT & WERNOW LPA	c EIN-PN 34-1441001-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SANDER CONTRACTING INC	c EIN-PN 45-3963735-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SB WELDING & DESIGN LLC	c EIN-PN 45-0619344-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SCHROCK FAMILY ENTERPRISES	c EIN-PN 34-1569569-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SENTRY SECURITY INC	c EIN-PN 34-1877343-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SERENAS LANDSCAPING INC	c EIN-PN 27-1690919-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SHADY HOLLOW COUNTRY CLUB	c EIN-PN 34-0961844-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SHANKLIN HEATING & AIR CONDITIONING LLC	c EIN-PN 20-8730904-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SHAPIRO RESTAURANT GROUP LLC	c EIN-PN 82-1672869-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SHARK DISTRIBUTING LLC	c EIN-PN 83-3538289-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SHINGLETON CUSTOM HOMES INC	c EIN-PN 34-1744393-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SHOEMAKER CUSTOM APPAREL LLC	c EIN-PN 46-1064474-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SHOUPS CLEANING LLC	c EIN-PN 84-4844422-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SHULTZ MACHINE	c EIN-PN 27-0530374-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SIDLE TRANSIT SERVICE INC - ZZ	c EIN-PN 34-1289507-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SIRAK FINANCIAL SERVICES AGENCY INC	c EIN-PN 34-1601525-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SJK MACHINE LLC DBA MCGUIRE MACHINE	c EIN-PN 84-4580427-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SLIMANS PRINTERY INC	c EIN-PN 34-1276465-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SMA PLASTICS LLC	c EIN-PN 46-3151478-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SMITH DEVELOPMENT CORPORATION	c EIN-PN 34-1571952-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SMITHVILLE BRETHERN CHURCH	c EIN-PN 34-1138915-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SMYTH RETAIL SYSTEMS INC	c EIN-PN 20-0315598-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SNYDER & CO CPAS	c EIN-PN 34-1751454-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SOCIETY FOR EQUAL ACCESS INDEPENDENT LIVING CENTER INC	c EIN-PN 34-1502974-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SOUND ENERGY COMPANY, INC	c EIN-PN 34-1755794-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SPARTA EMBROIDERY INC DBA FULLY PROMOTED OF CANTON	c EIN-PN 27-2713703-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SPARTA STEEL & EQUIPMENT CORP	c EIN-PN 34-1500261-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SPEEDIE AUTO SALVAGE LTD	c EIN-PN 26-3994232-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SPG INC DBA ST. CLAIR-PAVLIS GROUP	c EIN-PN 34-1793937-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SPRAYWORKS EQUIPMENT GROUP LLC	c EIN-PN 61-1559207-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SPRINGWOOD LAKE CAMP CLUB	c EIN-PN 34-1171997-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SRT SALES & SERVICE LLC	c EIN-PN 46-3911935-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SSB COMMUNITY BANK	c EIN-PN 34-0559770-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STALEY TECHNOLOGIES INC	c EIN-PN 34-1489103-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STANDARD ENGINEERING LLC	c EIN-PN 99-3509155-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STAR PRINTING CO INC	c EIN-PN 34-0858899-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STARK COUNTY AUTOMOBILE DEALERS ASSOC	c EIN-PN 34-0814047-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STARK COUNTY MEDICAL GROUP INC	c EIN-PN 54-2117308-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STARK COUNTY MINORITY BUSINESS ASSOCIATION	c EIN-PN 46-4870260-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STARK COUNTY VETERINARIAN EMERGENCY CLINIC	c EIN-PN 20-1478364-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STARK COUNTY WOMENS CLINIC DBA STARK WOMENS CENTER	c EIN-PN 34-1520740-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STARK GLASS ENTERPRISES INC	c EIN-PN 34-1164821-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STARK GOLF PROPERTIES LLC DBA OHIO PRESTWICK COUNTRY CLUB	c EIN-PN 83-2840136-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STARK GREASE SERVICE INC	c EIN-PN 45-4446453-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STARK MANAGEMENT SERVICES INC	c EIN-PN 34-1119323-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STATE PERMITS INC	c EIN-PN 22-2781114-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STEEL VALLEY DIVERSIFIED INC DBA STEEL VALLEY PORTABLE X-RAY	c EIN-PN 34-1849838-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STEINER GLASS LLC DBA THE GLASS DOCTOR	c EIN-PN 30-0755311-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STEINER INSURANCE GROUP LLC	c EIN-PN 85-3695157-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STEINER LUMBER	c EIN-PN 34-1499215-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STRAIGHT AS ARENA INC - ZZ	c EIN-PN 34-1769001-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STRATA GRANITE & MARBLE LLC	c EIN-PN 20-0929913-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	STROUBLE WATER HAULING & TRUCKING INC	c EIN-PN 31-1530233-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SUGAR VALLEY MEATS	c EIN-PN 26-0462882-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SUGARCREEK CARTAGE COMPANY	c EIN-PN 34-0802696-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SUGARCREEK CONCRETE FINISHERS INC	c EIN-PN 34-1896275-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SUMMIT GLOVE INC	c EIN-PN 34-1867765-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SUN STATE PLASTICS INC	c EIN-PN 34-1314718-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SUN VALLEY AUTO REPAIR LLC	c EIN-PN 45-5407262-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SUPERFINE MFG INC	c EIN-PN 31-1727296-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SURGERY ALLIANCE LTD	c EIN-PN 34-1802804-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	SWALLEN LAWHUN & COMPANY	c EIN-PN 34-1172572-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TAGGARTS ICE CREAM PARLOR	c EIN-PN 34-1872340-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TATE SERVICES LLC	c EIN-PN 46-0932658-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TEMPLE ISRAEL - ZZ	c EIN-PN 34-0733128-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TERRYS TRUCK & TRAILER EQUIPMENT	c EIN-PN 34-1803318-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE ABCD INC	c EIN-PN 23-7362592-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE BOWDIL COMPANY	c EIN-PN 34-0109180-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE CARROLL COUNTY CHAMBER OF COMMERCE	c EIN-PN 34-1521399-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE CHILDRENS TOY FUND INC	c EIN-PN 34-1710618-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE CONGRESS LAKE COMPANY DBA CONGRESS LAKE COUNTRY CLUB	c EIN-PN 34-0160950-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE DORWARD THINKING COMPANY LLC	c EIN-PN 81-3252528-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE HAIR SHOPPE INC	c EIN-PN 34-1318032-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE KLINGSTEDT BROTHERS CO INC	c EIN-PN 34-0335030-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE NEXT WAVELENGTH COMMUNICATIONS, LLC	c EIN-PN 82-4870092-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE OAK CLINIC	c EIN-PN 34-1930683-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE PLAYERS GUILD THEATRE	c EIN-PN 34-0790867-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THE WILDERNESS CENTER	c EIN-PN 34-0943581-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THERMO MANUFACTURING INC	c EIN-PN 34-1747230-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THOMAS & ASSOCIATES DDS	c EIN-PN 34-1089570-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	THOMPSON ANIMAL HOSPITAL	c EIN-PN 34-1676451-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TILMOR LLC	c EIN-PN 84-3546927-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TIMBERLINE TRACTOR AND MARINE INC	c EIN-PN 34-1605616-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TNT DISPOSAL INC	c EIN-PN 88-2458860-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TOLAND-HERZIG FUNERAL HOME AND CREMATORY INC	c EIN-PN 34-1271175-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TOP VALUE OF CANTON INC	c EIN-PN 61-1608345-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TRAIL BATTERY & SOLAR	c EIN-PN 45-2473848-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TROYER & ASSOCIATES	c EIN-PN 34-1868427-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TROYERS TRAIL BOLOGNA INC	c EIN-PN 34-0812033-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TRUE BLUE TECHNOLOGY LLC	c EIN-PN 46-2439435-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TURF TAILORS	c EIN-PN 34-1811801-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TUSC SOCIETY FOR CHILDREN & ADULT INC DBA RAINBOW CONNECTION	c EIN-PN 34-1028758-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TUSCARAWAS CO CHAMBER OF COMMERCE	c EIN-PN 34-0697699-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TUSCARAWAS COUNTY ECONOMIC DEVELOPMENT CORPORATION	c EIN-PN 83-2415277-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TUSCARAWAS COUNTY SENIOR CENTER	c EIN-PN 34-1299828-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	TUSCORA ELECTRIC SUPPLY CO	c EIN-PN 34-1907010-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	U S CASTING COMPANY	c EIN-PN 99-0761613-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	UHRICHSVILLE CARBIDE INC	c EIN-PN 34-1573804-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	UNDER PRESSURE SYSTEMS LLC	c EIN-PN 82-1510006-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	UNIFIED BANK	c EIN-PN 34-1405357-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	UNITED DENTAL LABORATORIES - ZZ	c EIN-PN 34-0589280-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	UNITED GRINDING & MACHINE CO INC	c EIN-PN 34-1009199-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	UNITED WAY OF GREATER STARK COUNTY	c EIN-PN 13-4254191-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	URBAN CONSTRUCTION LLC	c EIN-PN 26-1921906-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	US BAGGING LLC	c EIN-PN 46-5067945-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	USA QP ENTERPRISES INC DBA USA QUICKPRINT	c EIN-PN 47-2595335-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	USP SANDBLASTING & PAINTING INC	c EIN-PN 34-1897280-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VALLEY HYDRAULIC SERVICE INC	c EIN-PN 46-3334959-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VALLEY VIEW ANIMAL HOSPITAL	c EIN-PN 34-1403705-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VALLEY VIEW TRANSPORT LLC	c EIN-PN 26-3860803-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VANS TIRE & BRAKE OF ALLIANCE, LLC	c EIN-PN 83-1333795-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VENTRONE EXCAVATING INC	c EIN-PN 47-5087985-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VERN DALES WATER CENTER, INC	c EIN-PN 34-0841815-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VILLAGE OF BEACH CITY	c EIN-PN 34-6000209-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VILLAGE OF CADIZ	c EIN-PN 34-6000472-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VILLAGE OF CARROLLTON	c EIN-PN 34-6000523-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	VILLAGE OF DENNISON	c EIN-PN 34-6000849-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WAGRICH EXCAVATING INC	c EIN-PN 82-3522682-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WALES AUTOMOBILE LLC	c EIN-PN 47-3332455-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WALNUT CREEK FURNITURE	c EIN-PN 34-1709955-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WARD & EMLER SURVEYING INC	c EIN-PN 34-1927610-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WARSTLER BROS LANDSCAPING INC	c EIN-PN 34-1456912-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WARWICK MOTOR CARRIERS INC - ZZ	c EIN-PN 20-5061332-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WASTEWATER SOLUTIONS LLC	c EIN-PN 84-2754132-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WATER-WATTS INC	c EIN-PN 34-1168293-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WAYNE CENTER FOR THE ARTS	c EIN-PN 34-2016097-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WAYNESBURG CARRIAGE COMPANY	c EIN-PN 34-1594673-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WE CARE COUNSELING INC	c EIN-PN 46-2495157-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WELLMORE CENTRE LLC	c EIN-PN 82-4934459-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WENGER FARMS LLC	c EIN-PN 34-6638912-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WEST MEDICAL INC	c EIN-PN 34-1625986-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WHEATLAND STEEL PROCESSING COMPANY DBA BANCO DIE INC	c EIN-PN 25-1242057-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WHITEMYER ADVERTISING	c EIN-PN 34-1273784-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WILLIAM B BUELL JR AGENCY INC DBA BUELL & OLIVIERI INSURANCE	c EIN-PN 34-1340228-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WILLOUGHBY & COMPANY INC	c EIN-PN 03-0384891-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WINESBURG MEATS INC	c EIN-PN 34-1389360-501

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 REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WM COMMERCIAL ROOFING LLC DBA RIGHTMARK ROOFING	c EIN-PN 83-4118324-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	WOLF CREEK VETERINARY SERVICES INC	c EIN-PN 27-2542618-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	XL DEVELOPMENTAL SERVICES, INC	c EIN-PN 46-1673086-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	XL PATTERN SHOP INC	c EIN-PN 34-1601935-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	YARD INFLATABLES, INC	c EIN-PN 20-8128690-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	YODER DENTAL ASSOCIATES	c EIN-PN 31-1519229-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	YODERS PRODUCE INC	c EIN-PN 81-3027769-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	YOUR GARAGE	c EIN-PN 74-3054509-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	YOUTHFUL AESTHETICS LLC	c EIN-PN 83-3147245-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ZAMM HEATING & COOLING LLC	c EIN-PN 85-4061608-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ZEHNERS SERVICE CENTER INC	c EIN-PN 31-1360249-501
a	Plan name	CANTON REGIONAL CHAMBER HEALTH FUND	
b	Name of plan sponsor	ZEIGER INDUSTRIES INC	c EIN-PN 34-1658313-501

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 REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor ZINOFF & COMPANY LLC DBA DELIVERTHAT**c** EIN-PN 83-2750774-501**a** Plan name CANTON REGIONAL CHAMBER HEALTH FUND**b** Name of plan sponsor ZOLLIKON INSTITUTE**c** EIN-PN 85-2645113-501**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**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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan CANTON REGIONAL CHAMBER HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CANTON REGIONAL CHAMBER HEALTH FUND	D Employer Identification Number (EIN) 82-6483792	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	65668	39613
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	78054	53609
(3) Other	1b(3)	1712316	1159529
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10600822	11334525
(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)		

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	12456860	12587276
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	486495	475989
i Acquisition indebtedness	1i		
j Other liabilities	1j	4771394	4199741
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5257889	4675730
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7198971	7911546

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)	50030128	
(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)		50030128
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	591396	
(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)		591396
(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		50621524

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6288304	
(2) To insurance carriers for the provision of benefits	2e(2)	38692452	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		44980756
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)	4843752	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	75822	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	8619	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4928193
j Total expenses. Add all expense amounts in column (b) and enter total	2j		49908949

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		712575
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

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

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 _____.

**CANTON REGIONAL CHAMBER
HEALTH FUND**

FINANCIAL REPORT

DECEMBER 31, 2024 and 2023



CANTON REGIONAL CHAMBER HEALTH FUND
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Independent Auditors' Report

To the Board of Trustees of
Canton Regional Chamber Health Fund
Canton, Ohio

Opinion

We have audited the financial statements of the Canton Regional Chamber Health Fund (the "Trust"), which comprise the statements of net assets as of December 31, 2024 and 2023, and the related statement of changes in net assets for the year ended December 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 December 31, 2024 and 2023, and the changes in its net assets for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the 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 plan benefit obligations or the changes in net assets available for benefits or changes in plan 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 Schedule Required by ERISA

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

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

Meloney + Novotny LLC

Cleveland, Ohio
October 10, 2025

CANTON REGIONAL CHAMBER HEALTH FUND

STATEMENTS OF NET ASSETS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ 39,613	\$ 65,668
Investments, at fair value:		
Money market fund	11,334,525	10,600,822
Receivables:		
Contributions from participating plans	53,609	78,054
Health care rebate	985,000	1,712,316
Federal and state income tax recoverable	174,529	-
Total receivables	<u>1,213,138</u>	<u>1,790,370</u>
Total assets	12,587,276	12,456,860
<u>LIABILITIES</u>		
Accounts payable and other	475,989	486,495
Unearned premiums	787,752	474,789
Surplus notes payable	-	1,500,000
Net reinsurance payable	<u>3,411,989</u>	<u>2,796,605</u>
Total liabilities	<u>4,675,730</u>	<u>5,257,889</u>
NET ASSETS	<u>\$ 7,911,546</u>	<u>\$ 7,198,971</u>

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

CANTON REGIONAL CHAMBER HEALTH FUND

STATEMENT OF CHANGES IN NET ASSETS

Year Ended December 31, 2024

ADDITIONS

Contributions from participating plans	\$50,030,128
Interest and dividends	<u>591,396</u>
Total additions	50,621,524

DEDUCTIONS

Distributions to participating plans for benefit claims paid, net of reinsurance recoveries and health care rebates	6,288,304
Distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances	<u>38,692,452</u>
Total distributions to participating plans	44,980,756
Operating expenses	<u>4,928,193</u>
Total deductions	<u>49,908,949</u>

INCREASE IN NET ASSETS	712,575
------------------------	---------

NET ASSETS

BEGINNING OF YEAR	<u>7,198,971</u>
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END OF YEAR	<u><u>\$ 7,911,546</u></u>
-------------	----------------------------

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

CANTON REGIONAL CHAMBER HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the Canton Regional Chamber Health Fund (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 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 of the Canton Regional Chamber of Commerce.

Contributions:

The Trust receives contributions for health and welfare coverage from participating Plans. Such funds are utilized for the payment of premiums to AultCare Insurance Company ("AIC") for the provision of benefits on behalf of the Plans.

Distributions:

In addition to distributions for the premium payments to AIC 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 AIC. AultCare Corporation ("AultCare") 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.

Health Care Rebate Receivables:

Health care rebate receivables include pharmaceutical rebates earned by the Plans. Pharmaceutical rebates due from the Plans' pharmacy benefits manager are recorded when earned as estimated by management. For the year ended December 31, 2024, pharmacy rebates of approximately \$2,094,000 have been netted against claims paid in the accompanying statement of changes in net assets.

CANTON REGIONAL CHAMBER HEALTH FUND
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

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.

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 for contributions receivable from participating Plans as of December 31, 2024 and 2023. Unearned premiums are the portion of premiums received prior to the effective date of the policy.

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 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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 AIC.

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.

CANTON REGIONAL CHAMBER HEALTH FUND

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Subsequent Events:

The Trust has evaluated subsequent events through October 10, 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 Huntington National Bank in a non-insured trust fund.

Note 4. Surplus Notes Payable

The Trust had two surplus notes payable to AIC. The notes had no stated maturity date nor interest rate. Principal related to these notes could not be paid without prior approval of the superintendent of the Ohio Department of Insurance. The first surplus note for \$750,000 was issued on November 15, 2017. The second surplus note for \$750,000 was issued on March 5, 2019. In December 2024, both surplus notes were repaid upon the Trust obtaining approval from the Ohio Department of Insurance. No principal payments were made in 2023.

Note 5. 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 methodology used for Trust assets measured at fair value:

- Money market fund is valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value ("NAV") and to transact at that price. The money market fund is deemed to be actively traded.

The method 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 methodology used from 2023 to 2024. Furthermore, while the Trust believes its valuation method is 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.

CANTON REGIONAL CHAMBER HEALTH FUND

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements (Continued)

The following table summarizes the Trust's investments at fair value as of December 31, 2024 and 2023 and indicates the level of the valuation techniques utilized by the Trust:

	Level	December 31,	
		<u>2024</u>	<u>2023</u>
Money market fund	1	\$11,334,525	\$10,600,822

Note 6. Reinsurance

The participating Plans were subject to a quota share reinsurance agreement with AIC, to cede 80% of the Plans' health business for the year ended December 31, 2024.

During 2024, the participating Plans were subject to a stop loss reinsurance agreement with AIC for medical and prescription drug coverage. The individual specific stop loss threshold per covered person is \$175,000 under AIC for the year ended December 31, 2024. The maximum aggregate reimbursement is \$1,000,000 per policy period. The total amount of reinsurance recovered due to both specific and aggregate stop loss was approximately \$4,480,000 for the year ended December 31, 2024.

Note 7. Related Party/Party-in-Interest Transactions

The Trust has entered into an administrative services contract with AultCare, whereby AultCare performs enrollment and billing functions, 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 AultCare for these services amounted to \$4,843,752 for 2024.

Note 8. Tax Status

The Trust is a taxable trust. Any investment income, less attributable deductions, is subject to federal income tax. For the year ended December 31, 2024, the Trust incurred \$46,803 and \$5,800 in federal and state income tax benefit, respectively, 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 December 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.

Note 9. Plan and Trust Termination

Although it has not expressed any intention to do so, the Trust may only be terminated by Canton Regional Chamber of Commerce through a written resolution adopted in accordance with the by-laws of the Trust. Any Trust assets at the time of termination will be distributed or will be transferred to another trust that complies with the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The 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 SCHEDULE

CANTON REGIONAL CHAMBER HEALTH FUND

EMPLOYER NO. 82-6483792

PLAN NO. 501

SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 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>Money market fund</u>		
	Federated Hermes	Federated Treasury Obligations Fund (IS)	<u>\$11,334,525</u>	<u>\$11,334,525</u>