# 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

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [X] a DFE (specify) G

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] 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. | 10/02/2026 | TODD HAWKE |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] 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

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 4773 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 4773 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 4527 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 4527 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **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 Characteristic Codes in the instructions:

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

4A 4E

**9a** Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

**a Pension Schedules**

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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.) ..... [X] 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.) ..... [X] Yes [ ] No

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 176782234

# 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

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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.

**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 | 4527 | 01/01/2025 | 12/31/2025 |

**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. | 6d | |

Specify nature of costs ▶

**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** [X] 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 | 39415149 |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | 10b | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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 11 14 | NONE | 5140906 | Yes [ ] No [X] | 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 | 51441 | Yes [ ] No [X] | 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

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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) |
|---|---|---|

**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 | 3D MEATS LE LLC | **c** EIN-PN | 86-3465853-501 |
| **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 | ACME FIRE PROTECTION LLC | **c** EIN-PN | 26-2971754-501 |
| **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 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 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | AKRON PEDIATRIC SURGICAL ASSOCIATES INC | **c** EIN-PN | 30-0033721-501 |

**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 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 | ALCO SERVICES LLC | **c** EIN-PN | 46-4582868-501 |
| **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 | ALEXIS BUILDING SYSTEMS LLC | **c** EIN-PN | 81-4585086-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | ALL MAKES AND MODELS AUTO REPAIR | **c** EIN-PN | 46-5143360-501 |
| **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 |

**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 | 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 |
| **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 | ANDREAS FURNITURE CO | **c** EIN-PN | 34-0795782-501 |
| **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 | AQUABLUE INC - ZZ | **c** EIN-PN | 27-0120866-501 |
| **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 | 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 |

**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 | 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 |
| **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 & E WELL TREATING | **c** EIN-PN | 34-1889465-501 |
| **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 | BAILEYS QUALITY PLUMBING & BACKFLOW LLC - ZZ | **c** EIN-PN | 93-1656651-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | BAIRS INC - ZZ | **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 - ZZ | **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 |

**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 | BOYS AND GIRLS CLUB OF MASSILLON - ZZ | **c** EIN-PN | 34-0726102-501 |
| **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 |

**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 | BRIAN L AMISON DDS LLC - ZZ | **c** EIN-PN | 20-1801285-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | BRITTAINS 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 | BRUMCO CONSTRUCTION CO LLC | **c** EIN-PN | 34-1924103-501 |
| **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 |

**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. D. REPAIR SERVICES LLC | **c** EIN-PN | 86-3168416-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | CAK LOGISTIC SERVICES LTD - ZZ | **c** EIN-PN | 27-2236167-501 |
| **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 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | CANAL FULTON ENTERPRISES INC | **c** EIN-PN | 34-1349814-501 |
| **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 - ZZ | **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 |

**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 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 SPECIALTY GARAGE DOOR DBA FAIRCREST DOOR | **c** EIN-PN | 85-3808470-501 |
| **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 | 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 |

**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 | 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 |
| **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 | CHILDRENS PHYSICIANS INC | **c** EIN-PN | 34-1577546-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | CIGAR 30 LLC | **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 |

**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 | 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 |
| **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 | CMPENNINGTON ENTERPRISES LLC DBA MAJOR LEAGUE TIRE | **c** EIN-PN | 39-2651312-501 |
| **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 | COMFORT REFRIGERATION SERVICES INC | **c** EIN-PN | 27-0632807-501 |
| **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 |

**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 | COMPLETE AG SOLUTIONS LLC | **c** EIN-PN | 81-4402322-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | CONGREGATION OF THE DIVINE SPIRIT | **c** EIN-PN | 37-1695977-501 |
| **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 |

**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 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 |
| **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 | DANGO AND DIENENTHAL INC USA | **c** EIN-PN | 35-1706003-501 |
| **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 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **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 |
| **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 | DESIGN RESTORATION AND RECONSTRUCTION INC - ZZ | **c** EIN-PN | 47-0863707-501 |
| **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 - ZZ | **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 |

**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 | 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 | DIXON REAL ESTATE HOLDINGS LLC | **c** EIN-PN | 26-3922746-501 |
| **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 |
| **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 | DOVER SHENANIGANS LLC | **c** EIN-PN | 86-1479813-501 |
| **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 |

**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 | 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 - ZZ | **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 | DUTCHCRAFT TRUSS & COMPONENT INC | **c** EIN-PN | 20-3795767-501 |
| **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 - ZZ | **c** EIN-PN | 20-2599958-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | EAGLE REALTY LTD - ZZ | **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 | EDGEPOINT CONSTRUCTION | **c** EIN-PN | 31-1572384-501 |

**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 | EDWARD A LOHNES DMD INC | **c** EIN-PN | 56-2329050-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | ELITE TIRE DOVER INC | **c** EIN-PN | 87-4445487-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | ELY ROAD REEL CO LTD | **c** EIN-PN | 34-1800351-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | ENERGY POWER SERVICES INC - ZZ | **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 |
| **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 | FABOHIO INC | **c** EIN-PN | 34-0922797-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | FAMILY EYECARE ASSOCIATES INC - ZZ | **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 |

**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 | 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 | FENTON BROTHERS ELECTRIC | **c** EIN-PN | 34-0826364-501 |
| **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 CHOICE PEST MANAGEMENT LLC | **c** EIN-PN | 34-1883925-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | FIRST FRIENDS CHURCH OF CANTON | **c** EIN-PN | 34-1081402-501 |
| **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 | 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 |

**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 | 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 | FRIENDS AND FAMILY CREDIT UNION | **c** EIN-PN | 34-0925129-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | FULL SERVICE CONSTRUCTION & REMODELING LLC | **c** EIN-PN | 20-3017747-501 |
| **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 | GABLES MANAGEMENT COMPANY INC | **c** EIN-PN | 27-4079778-501 |
| **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 | GEBHARDT FINANCIAL GROUP | **c** EIN-PN | 06-1668129-501 |

**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 | GEMINI FIBER CORPORATION | **c** EIN-PN | 34-1730887-501 |
| **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 | GLENN MEDICAL SYSTEMS INC | **c** EIN-PN | 34-1623638-501 |
| **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 - ZZ | **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 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **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 - ZZ | **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 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | GRIMSLEY TITLE AGENCY LTD | **c** EIN-PN | 34-1730713-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | GROOVFOLD INC | **c** EIN-PN | 34-0929235-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | GROSS AND COMPANY INC DBA GKG AND ASSOCIATES | **c** EIN-PN | 34-1585437-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | GRUBBS FAMILY CHIROPRACTIC INC | **c** EIN-PN | 34-1943084-501 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | GUESS MOTORS INC | **c** EIN-PN | 34-0976362-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | H-W MACHINE OF CANTON LLC | **c** EIN-PN | 82-5435025-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | HAHLEN LINE SERVICES LLC | **c** EIN-PN | 82-4781914-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | HAIDETS GLASS COMPANY LLC | **c** EIN-PN | 52-2071748-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | HARI GROUP LLC DBA HOUSE OF LORETO - ZZ | **c** EIN-PN | 33-2084865-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | HARNACK FAMILY INSURANCE LLC | **c** EIN-PN | 83-1853837-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | HAROLDS EQUIPMENT INC | **c** EIN-PN | 34-1652047-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | HARRISON AUTO PARTS | **c** EIN-PN | 34-1492916-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | HARTVILLE INTERNAL MEDICINE | **c** EIN-PN | 34-1960347-501 |
| **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 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **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 | HENDRICKS VACUUM FORMING INC | **c** EIN-PN | 34-1504793-501 |
| **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 | HERITAGE SIGNS LLC | **c** EIN-PN | 46-2164875-501 |
| **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 AUTO CARE INC | **c** EIN-PN | 34-1953624-501 |
| **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)**
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| | | | |
|---|---|---|---|
| **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 - ZZ | **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 - ZZ | **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 | HSHL PRODUCTIONS, LLC | **c** EIN-PN | 81-5118493-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | HUEBNER CHEVROLET INC | **c** EIN-PN | 34-0968141-501 |
| **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-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 | INDUSTRIAL PARTS & SERVICE CO - ZZ | **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 COMPUTER SOLUTIONS, INC | **c** EIN-PN | 59-3801295-501 |
| **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 |
| **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 |

**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&M REPAIR LLC DBA LOGIVISION TECHNOLOGIES - ZZ | **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 | JEFFS MOTORCARS INC | **c** EIN-PN | 34-1789358-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | JEFFREY S MASIN MD | **c** EIN-PN | 02-0559467-501 |
| **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 - ZZ | **c** EIN-PN | 34-1194809-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | K W ZELLERS & SON INC | **c** EIN-PN | 34-0918203-501 |
| **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 - ZZ | **c** EIN-PN | 34-1870024-501 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | KENSTAR SERVICES LLC | **c** EIN-PN | 82-1420337-501 |
| **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 | KIDRON ELECTRIC INC | **c** EIN-PN | 34-0819492-501 |
| **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 | 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 - ZZ | **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 |

**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 | LINDEN HEALTHCARE CONSULTING LLC | **c** EIN-PN | 83-1667006-501 |
| **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 - ZZ | **c** EIN-PN | 34-1750731-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | LOVE INC OF GREATER HOLMES COUNTY | **c** EIN-PN | 46-4810375-501 |
| **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 | MAE COLLISION INC | **c** EIN-PN | 87-3618675-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | MAKOS MARKET INC - ZZ | **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 | 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 - ZZ | **c** EIN-PN | 34-1289267-501 |
| **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 |

**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 | 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 - ZZ | **c** EIN-PN | 34-1946046-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | MIDLAKE PRODUCTS & MFG COMPANY INC | **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 | MILLWOOD LUMBER INC | **c** EIN-PN | 34-1762225-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | MINARDS LANDSCAPE AND DESIGN | **c** EIN-PN | 88-2133261-501 |
| **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 |

**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 | ML TELECOM SERVICES LLC | **c** EIN-PN | 46-1435192-501 |
| **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 - ZZ | **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 | MRE SERVICES INC | **c** EIN-PN | 80-0841535-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | MT HOPE AUCTION | **c** EIN-PN | 34-1270547-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | MT HOPE FENCE LLC | **c** EIN-PN | 92-2944292-501 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | MY HVAC GUY LLC | **c** EIN-PN | 86-2491945-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | MYERS MACHINING INC | **c** EIN-PN | 34-1750898-501 |
| **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 | NDN LOGISTICS LLC | **c** EIN-PN | 39-3598109-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | NEITZEL PERFORMANCE GROUP INC DBA MAJOR LEAGUE TIRE | **c** EIN-PN | 41-3455371-501 |
| **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 | 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 - ZZ | **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 - ZZ | **c** EIN-PN | 85-1177855-501 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **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 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | NORTHSIDE AUTO REPAIR, LTD - ZZ | **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 MCC ACTIVITY CENTER DBA MCC CONNECTIONS | **c** EIN-PN | 34-1907787-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | OHIO MENNONITE CAMP ASSOCIATION INC | **c** EIN-PN | 34-1058128-501 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **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 |
| **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 | 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 - ZZ | **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 | ORWICK TREE SERVICE INC | **c** EIN-PN | 34-1849379-501 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | OTTO ELECTRIC LTD | **c** EIN-PN | 93-3885269-501 |
| **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 - ZZ | **c** EIN-PN | 34-1566376-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | PARAGRAPHICS INC | **c** EIN-PN | 34-1176529-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | PARSON INSURANCE AGENCY INC | **c** EIN-PN | 34-1972790-501 |
| **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 | PARTSMART HYDRAULICS LLC | **c** EIN-PN | 46-1354224-501 |
| **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 | PATTERSON SPECIALTY SERVICES | **c** EIN-PN | 81-3704985-501 |
| **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)**
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| | | | |
|---|---|---|---|
| **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 - ZZ | **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 - ZZ | **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 | 34-1734245-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | PIPES INSURANCE SERVICE LTD | **c** EIN-PN | 34-1667839-501 |
| **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 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **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 |
| **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 | 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 | Q4 IMPACT GROUP LLC | **c** EIN-PN | 46-2929859-501 |
| **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 | QUILTING CREATIONS INTERNATIONAL INC | **c** EIN-PN | 34-1828641-501 |
| **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 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | RADIANCE TAN LLC - ZZ | **c** EIN-PN | 99-0579019-501 |

**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 | RAGON CHIROPRACTIC HEALTH CENTER - ZZ | **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 | 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 | RECON SYSTEMS, LLC | **c** EIN-PN | 54-2136480-501 |
| **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 | REK PARTNERS INC DBA PRO FAB INC | **c** EIN-PN | 47-4359151-501 |
| **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 | RICH PLACK STATE FARM AGENCY | **c** EIN-PN | 87-0757696-501 |

**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 | RICHARD T KIKO AGENCY INC | **c** EIN-PN | 34-1237254-501 |
| **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 - ZZ | **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 | ROGYS LEARNING PLACE | **c** EIN-PN | 37-1345123-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | ROHOLT VISION INSTITUTE - ZZ | **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 | 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 - ZZ | **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 | SAFE HARBOR OHIO INC | **c** EIN-PN | 92-1507176-501 |
| **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 - ZZ | **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)**
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| | | | |
|---|---|---|---|
| **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 | SHEPHERD CAR AND TRUCK SERVICE INC | **c** EIN-PN | 61-1608345-501 |
| **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 | 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)**
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| | | | |
|---|---|---|---|
| **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 BRETHREN 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 - ZZ | **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)**
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| | | | |
|---|---|---|---|
| **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 - ZZ | **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 - ZZ | **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 | 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 | STOCKS DRAPERIES | **c** EIN-PN | 88-0599496-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | STRATA GRANITE & MARBLE LLC | **c** EIN-PN | 20-0929913-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | STROUBLE WATER HAULING & TRUCKING INC | **c** EIN-PN | 31-1530233-501 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **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 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | TC RANDAL CONSTRUCTION LLC | **c** EIN-PN | 26-1384199-501 |

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
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| | | | |
|---|---|---|---|
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | TEK GEAR & MACHINE | **c** EIN-PN | 34-1647128-501 |
| **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 TUSCARAWAS AGENCY CO | **c** EIN-PN | 34-0584250-501 |
| **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 - ZZ | **c** EIN-PN | 34-1271175-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | TOWPATH HOLDING - ZZ | **c** EIN-PN | 26-3343998-501 |
| **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 | TRIAD ROOFING AND SERVICES LLC | **c** EIN-PN | 26-3935419-501 |

**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 | TROYER & ASSOCIATES | **c** EIN-PN | 34-1868427-501 |
| **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 - ZZ | **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 - ZZ | **c** EIN-PN | 82-1510006-501 |

**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 | UNIFIED BANK | **c** EIN-PN | 34-1405357-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | UNION CEMETERY | **c** EIN-PN | 34-6002870-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | UNITED DENTAL LABORATORIES INC | **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 - ZZ | **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 |

**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 | 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 |
| **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 | VETERINARY WELLNESS PARTNERS INC | **c** EIN-PN | 34-1204651-501 |
| **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 | WALLACE FOODS INC | **c** EIN-PN | 34-1021243-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | WALNUT CREEK FURNITURE | **c** EIN-PN | 34-1709955-501 |

**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 | 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 | WASTEWATER SOLUTIONS LLC - ZZ | **c** EIN-PN | 84-2754132-501 |
| **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 |

**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 | 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 |
| **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 | WOOD ELECTRIC | **c** EIN-PN | 34-1585267-501 |
| **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 | YELLOW USA OHIO LLC | **c** EIN-PN | 39-2193066-501 |
| **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 |

**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 | YOUR GARAGE | **c** EIN-PN | 74-3054509-501 |
| **a** Plan name | CANTON REGIONAL CHAMBER HEALTH FUND | | |
| **b** Name of plan sponsor | YOUTHFUL AESTHETICS LLC - ZZ | **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 |
| **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 | |

# 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

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**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

**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 | 39613 | 244923 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | 53609 | 36962 |
| **(3)** Other | 1b(3) | 1159529 | 1387048 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 11334525 | 10992519 |
| **(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) | 0 | 59716 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 12587276 | 12721168 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 475989 | 435148 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 4199741 | 3778851 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 4675730 | 4213999 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 7911546 | 8507169 |

## 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) | 56216358 | |
| **(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) | | 56216358 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 479807 | |
| **(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) | | 479807 |
| **(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) | | 0 |
| **(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) | | 0 |

| | | (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 | | 56696165 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 11366140 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 39415149 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 50781289 |
| 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) | 5140906 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 51441 | |
| (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) | 126906 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 5319253 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 56100542 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 595623 |
| 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)** [X] 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)** [X] 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.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | | | |
| **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.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **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, 2025 and 2024



CANTON REGIONAL CHAMBER HEALTH FUND

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MALONEY + NOVOTNY LLC

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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, 2025 and 2024, and the related statement of changes in net assets for the year ended December 31, 2025, 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, 2025 and 2024, and the changes in its net assets for the year ended December 31, 2025 in accordance with accounting principles generally accepted in the United States of America.

## Basis for Opinion

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

## Other Matter

The accompanying financial statements are those of the Trust. These financial statements do not purport to present the net assets available for benefits and benefit obligations or the changes in net assets available for benefits or changes in benefit obligations of the participating plans and do not contain certain information and other disclosures necessary for a fair presentation of the financial statements of the participating plans in accordance with accounting principles generally accepted in the United States of America. Further, these financials 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, 2025 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.



Cleveland, Ohio
September 15, 2026

CANTON REGIONAL CHAMBER HEALTH FUND

STATEMENTS OF NET ASSETS

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| ASSETS | | |
| Cash | $ 244,923 | $ 39,613 |
| Investments, at fair value: | | |
| Money market fund | 10,992,519 | 11,334,525 |
| Receivables: | | |
| Contributions from participating plans | 36,962 | 53,609 |
| Health care rebate | 1,160,703 | 985,000 |
| Federal and state income tax recoverable | 226,345 | 174,529 |
| Total receivables | 1,424,010 | 1,213,138 |
| Prepaid expenses | 59,716 | - |
| Total assets | 12,721,168 | 12,587,276 |
| LIABILITIES | | |
| Accounts payable and other | 435,148 | 475,989 |
| Unearned premiums | 783,359 | 787,752 |
| Net reinsurance payable | 2,995,492 | 3,411,989 |
| Total liabilities | 4,213,999 | 4,675,730 |
| NET ASSETS | $ 8,507,169 | $ 7,911,546 |

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, 2025

| | |
|---|---|
| ADDITIONS | |
| Contributions from participating plans | $56,216,358 |
| Interest and dividends | 479,807 |
| Total additions | 56,696,165 |
| DEDUCTIONS | |
| Distributions to participating plans for benefit claims paid, net of reinsurance recoveries and health care rebates | 11,366,140 |
| Distributions to participating plans for premiums paid for the provision of benefits, net of ceding allowances | 39,415,149 |
| Total distributions to participating plans | 50,781,289 |
| Operating expenses | 5,319,253 |
| Total deductions | 56,100,542 |
| INCREASE IN NET ASSETS | 595,623 |
| NET ASSETS | |
| BEGINNING OF YEAR | 7,911,546 |
| END OF YEAR | $ 8,507,169 |

The accompanying notes are an integral part of these 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 benefits and expenses on behalf of the plans participating in the MEWA (the "Plans"). The Plans represent employers that are members in good standing with the Canton Regional Chamber of Commerce.

Contributions:

The Trust receives contributions for health and welfare coverage from the 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 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 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 Trust. Pharmaceutical rebates due from the Trust's pharmacy benefits manger are recorded when earned as estimated by management. For the year ended December 31, 2025, pharmacy rebates of approximately $2,246,000 have been netted against claims paid in the accompanying statement of changes in net assets.

**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 premiums 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 the Plans as of December 31, 2025 and 2024. 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 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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 the amounts reported in the statement of net assets.

**Note 2. Summary of Significant Accounting Policies (Continued)**

Subsequent Events:

The Trust has evaluated subsequent events through September 15, 2026, 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.

**Note 4. Fair Value Measurements**

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

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

The following is a description of the valuation 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 2024 to 2025. 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.

The following table summarizes the Trust's investments at fair value as of December 31, 2025 and 2024 and indicates the level of the valuation techniques utilized by the Trust:

| | | December 31, | |
|---|---|---|---|
| | Level | 2025 | 2024 |
| Money market fund | 1 | $10,992,519 | $11,334,525 |

**Note 5. Reinsurance**

The Trust was subject to a quota share reinsurance agreement with AIC, to cede 70% of the Trust's health business for the year ended December 31, 2025.

During 2025, the Trust was 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 per policy period, and AIC is responsible for all member claims in excess of this threshold. In addition, upon reaching a minimum aggregate claim threshold, as defined in the AIC stop loss policy, the Trust will be reimbursed up to a maximum aggregate reimbursement of $1,000,000 per policy period. The total amount of reinsurance recovered due to both specific and aggregate stop loss was approximately $3,519,000 for the year ended December 31, 2025.

**Note 6. 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 the Plans. These transactions qualify as party-in-interest. Total fees paid from the Trust to AultCare for these services amounted to $5,140,906 for 2025.

**Note 7. Tax Status**

The Trust is a taxable trust. Any investment income, less attributable deductions, is subject to federal and state income tax. For the year ended December 31, 2025, the Trust incurred $17,640 and $-0- in federal and state income tax expense, 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, 2025, 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 8. 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.

Sponsors of the Plans 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, 2025

| (a) | (b) Identity of Party | (c) Description of Investments | (d) Cost | Current (e) Value |
|---|---|---|---|---|
| | | Money market fund | | |
| | Federated Hermes | Federated Treasury Obligations Fund (IS) | $10,992,519 | $10,992,519 |