

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☐ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan ACCE AMENDED & RESTATED MASTER DEFINED CONTRIBUTION RET PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1998
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SPRINGFIELD CLARK COUNTY CHAMBER OF COMMERCE 20 SOUTH LIMESTONE STREET SUITE 100 SPRINGFIELD, OH 45502	2b Employer Identification Number (EIN) 31-0452610 2c Sponsor's telephone number 937-325-7621 2d Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/12/2010	CHAD YANCEY
	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			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SPRINGFIELD CLARK COUNTY CHAMBER OF COMMERCE 20 SOUTH LIMESTONE STREET SUITE 100 SPRINGFIELD, OH 45502	3b Administrator's EIN 31-0452610 3c Administrator's telephone number 937-325-7621
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	13
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
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 , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2G 2J 3E 2E 2F 2K

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☐ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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December 29, 2009

Internal Revenue Service
Ogden, Utah 84201-0018

COPY

RE: Springfield-Clark County Chamber of Commerce
2007 Form 5500
TIN # 31-0452610

To Whom It May Concern:

In June of 2007, the Springfield – Clark County Chamber of Commerce hired Sequent, Inc. as a professional employment service provider. The 401k plan in place at the time was merged into another plan which was administered by Sequent, Inc. The prior plan was administered the American Chamber of Commerce Executives, (ACCE) who always filed the 5500's for the Chamber.

I am currently trying to resolve this issue between Sequent and the ACCE as to who was responsible for completing our Form 5500. In the mean time, I have ordered the forms from the IRS but will not receive them in time to meet your filing deadline date of 12/31/2009 stated in your notice.

Therefore, I am requesting an extension of time until 1/31/2010 to resolve this matter and ensure that the 2007 Form 5500 is completed accurately.

Respectfully yours,

Chad D. Yancey, CPA

P.S. Please note our change of address:
Greater Springfield Chamber of Commerce
20 South Limestone Street, Suite 10
Springfield, Ohio 45502

NUMBER OF THIS NOTICE: CP-403
 DATE OF THIS NOTICE: 12-07-2009
 TAXPAYER IDENT. NUM: 31-0452610
 FORM: 5500 PLAN #: 002
 PLAN YEAR ENDING: 12-31-2007

SPRINGFIELD-CLARK COUNTY CHAMBER OF
 COMMERCE
 333 N LIMESTONE ST STE 201
 SPRINGFIELD OH 45503-4250516

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COMPLETE AND RETURN WITH YOUR REPLY

Section I To be completed if form was filed

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form

Springfield Clark Co. Chamber
 of Commerce
 20. South Limestone, Ste 100
 Springfield, Ohio 45502

Employer Identification

Number (EIN) 31-0452610

Plan Year Ending 12-31-2007

Plan Number 002

Approximate date when form was filed
 with EBSA

Form number (Check one box)
☐ 5500 ☐ 5500-EZ

Section II To be completed if form was not filed

Please check the boxes that apply to you.

A form was not filed because:

- ☐ All plan assets were rolled over into an IRA in a prior plan year. (Form 5500-EZ filers only)
 Date rollover occurred: _____
- ☐ Plan(s) held less than \$250,000 in total assets in every year since 1994. (Form 5500-EZ filers only)
- ☐ Plan in question is a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs.
- ☒ Plan in question is a Simplified Employee Pension (SEP).
- ☒ Plan was terminated or merged into a new plan. You must still file a "Final" return showing zero end-of-year assets, zero participants, and mark "the final return filed for the plan" box in part 1 of the form.
- ☐ Other: _____

Instructions: Please mail the completed notice, a complete and signed form (including any forms and attachments) along with any additional information requested to the IRS address on this notice.